

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 26, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000104546**1. Entity Name
CONTRACTORS ACCOUNTING, INC.

Principal Place of Business 1963 35 ST. LIGHTHOUSE POINT FL 33074	Mailing Address 1963 35 ST. LIGHTHOUSE POINT FL 33074
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2. Principal Place of Business 1963 35 ST	3. Mailing Address 1963 35 ST
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State LIGHTHOUSE POINT FL	City & State LIGHTHOUSE POINT FL
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Zip 33064	Country US	Zip 33064	Country US
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4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required**6. Name and Address of Current Registered Agent****SABRA S. MICHELLE**
1963 35 ST.

LIGHTHOUSE POINT FL 33074
US**7. Name and Address of New Registered Agent**Name
SABRA S. MICHELLE
Street Address (P.O. Box Number is Not Acceptable)
1963 35 ST

City
LIGHTHOUSE POINT FL Zip Code
33064

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ **04/26/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SABRA S. MICHELLE 1963 35 ST. LIGHTHOUSE POINT FL 33074	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST SABRA S. MICHELLE 1963 35 ST LIGHTHOUSE POINT FL 33064	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: S. MICHELLE SABRA

DPST 04/26/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)