J2 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000116730 1. Entity Name CONTRACTOR'S NETWORK, INC.					FILED 02 MAR 20 PH 2: 47				
6456 UNGE	ace of Business RER STREET CH GARDENS FL 33418	FL 33418	TALL TO SEE, FLORE						
	Place of Business (6 8157 Terrice N t. #, etc. Reh Gardin	Ter N		DO NOT WRITE IN THIS SPACE					
	Bch Garoa FL.	Paum But Gar	aum isch barow FL			4. FEI Number Applied For Not Applied For Not Applied For			
Zip 334/	Country USA Solution of the control	33418	Country		Certificate of Status I		\$8.75 Ad Fee Require		
SPIEGEL 343 ALM CORAL	Street A	Street Address (P.O. Box Number is Not Acceptable)							
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent algorithm required when reinstating) OATE									
Tax filing (See crite	poration is eligible to satisfy its intangible requirement and elects to do so, aria on back)	FEE IS \$150. 2 Fee will be \$3 5 to Departmen	50.00	10. Election Camp Trust Fund Co			O May Be I to Fees		
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ST. MARY, TIMOTHY 6456 UNGERER STREET PALM BEACH GARDENS FL 3341	CE Delete	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Preside GAMY	Sanith EIST IET D	· Palm B	Change Change	Onitibha 🗆	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SMITH, GARY B 6456 UNGERER STREET PALM BEACH GARDENS FL 3341	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	riigua	A. LANEALL ENT POR N.	Secty.	Change	Z Addition 5	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SPENCER, RICHARD 6456 UNGERER STREET PALM BEACH GARDENS FL 33411	Delete B	TITLE NAME STREET ADDRESS CITY-ST-ZIP	- · · · -		÷	Change	Addition	
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TITLE - NAME STREET ADDRESS CITY-ST-ZIP	. •	☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	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: SIGNATURE:									
	SIGNATURE AND TYPED OR PAR	TED NAME OF SIGNING OFFICER OR	DIRECTOR		Date		Daytime Phone #		