

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000000434

1. Entity Name

MAINSTREAM CONTRACTORS, INC.

Principal Place of Business

3512 56TH TERRACE EAST  
BRADENTON FL 34203  
US

Mailing Address

3512 56TH TERRACE EAST  
BRADENTON FL 34203-5230  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0452379

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THEIS, JOHN R CPA  
2651 MAPLELOFT LANE  
SARASOTA FL 34232

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 signature required when reinstating)

DATE

9. 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, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PT	ALFORD, GARRY R	3512 56TH TERRACE EAST	BRADENTON FL 34203	<input type="checkbox"/> Delete					
DV	ADAMSON, KEVIN	C/O 2651 MAPLELOFT LANE	SARASOTA FL 34232	<input checked="" type="checkbox"/> Delete					
VS	ALFORD, MERLYN	3512 56TH TERRACE EAST	BRADENTON FL 34232	<input type="checkbox"/> Delete					
				<input type="checkbox"/> Delete					
				<input type="checkbox"/> Delete					
				<input type="checkbox"/> Delete					
				<input type="checkbox"/> Delete					

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-20-00 941-758-8946

Date

Daytime Phone #

**FILED**  
**Mar 22, 2000 8:00 am**  
**Secretary of State**

03-22-2000 90079 015 \*\*\*150.00

00042000



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)