

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P94000015279**

1. Entity Name

**SOUTHWEST CONTRACTING, INC.****FILED****Mar 13, 2000 8:00 am**  
**Secretary of State**

03-13-2000 90033 014 \*\*\*150.00

Principal Place of Business

13964 W. HILLSBOROUGH AVE  
TAMPA FL 33635  
US

Mailing Address

13964 W HILLSBOROUGH AVE  
TAMPA FL 34677-3647  
US

2. Principal Place of Business

120 E. STATE ST  
Suite, Apt. #, etc.  
104

3. Mailing Address

120 E. STATE ST  
Suite, Apt. #, etc.  
104

City &amp; State

OLDSMAR FL

City &amp; State

OLDSMAR FL

Zip

34677

Country

US

Zip

34677

Country

US

4. FEI Number

59-3225951

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**FULFORD, MATTHEW D  
1830 AKSARBEN RD.  
ODESSA FL 33556

Name

Street Address (P.O. Box Number is Not Acceptable)  
11205 TARPON SPRINGS RD

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

*Matthew Fulford*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3/8/00

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	D FULFORD, MATTHEW D 1830 AKSARBAN RD. ODESSA FL	<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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
11205 TARPON SPRINGS RD ODESSA FL 33556	
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
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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:

*Matthew Fulford*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/00

Date

813-818-7244

Daytime Phone #

CR2E034 (9/99)