

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2000 08:00 AM**
Secretary of State**DOCUMENT # P94000018386****1. Entity Name**
CONTRACTOR ENTERPRISES, INC.

Principal Place of Business	Mailing Address
217 N. WESTMONTE DR. STE 3033 ALTAMONTE SPRINGS 32714	PO BOX 162147 ALTAMONTE SPRINGS 327162147
FL	FL
US	US

2. Principal Place of Business 8 OLD GROVE LANE	3. Mailing Address PO BOX 522558
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State ALTAMONTE SPRINGS FL	City & State LONGWOOD FL
Zip 32701	Country US
Zip 327522558	Country US

4. FEI Number 59-3233524	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**BECKHAM LINDA H
217 N. WESTMONT DR.
STE 3033
ALTAMONTE SPRINGS
32714
FL
US**7. Name and Address of New Registered Agent**Name
BECKHAM LINDA H
Street Address (P.O. Box Number is Not Acceptable)
8 OLD GROVE LANE

City
ALTAMONTE SPRINGS
FL
Zip Code
32701**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)**05/01/2000**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**

TITLE	VD	<input type="checkbox"/> Delete
NAME	BECKHAM HARRY FJR	
STREET ADDRESS	217 N. WESTMONTE DR. STE 3033	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	BECKHAM LINDA H	
STREET ADDRESS	217 N. WESTMONTE DR. STE 3033	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECKHAM HARRY FJR	
STREET ADDRESS	8 OLD GROVE LANE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	

TITLE	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECKHAM LINDA H	
STREET ADDRESS	8 OLD GROVE LANE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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** Linda H. Beckham

Date: 05/01/2000