2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000073808

1. Entity Name

CONTRACTORS MANAGEMENT SERVICES, INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State
04-12-2000 90160 049 ***150.00

Principal Place of Business	Mailing Address
2983 N. POWERLINE RD. POMPANO BEACH FL 33069 US	2983 N. POWERLINE RD. POMPANO BEACH FL 33069-1011 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1072A East Newport Ctr DR.	1072A E. NEWPORT CTR DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Deerfield Bch, FL	City & State: DEERFIELD Bch, FL
Zip: 33442 Country: US	Zip: 33442 Country: US

4. FEI Number 65-0523937 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ELLMAN, ED
2983 N. POWERLINE ROAD
POMPANO BEACH FL 33069

7. Name and Address of New Registered Agent

Name: Ellman, Ed
Street Address (P.O. Box Number is Not Acceptable): 1072A East Newport Center DR.
City: Deerfield Bch **FL** Zip Code: 33442

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] 4-7-00
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	P ELLMAN, EDWARD 2210 S.W. 12TH PLACE BOCA RATON FL 33486 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Ellman, Edward 18262 Daybreak Drive Boca Raton, FL 33496 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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] 4-7-00 954-978-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)