

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000003771

1. Entity Name

CONTRACT PROGRAMMING SERVICES, INC.

**FILED**  
May 26, 2000 8:00 am  
Secretary of State

05-26-2000 90072 004 \*\*\*150.00

Principal Place of Business

Mailing Address

1616 W. CAPE CORAL PKWY  
#238  
CAPE CORAL FL 33914

1616 W. CAPE CORAL PKWY  
#238  
CAPE CORAL FL 33914-6979

2. Principal Place of Business

1015 NW 42nd Place

Suite, Apt. #, etc.

3. Mailing Address

1015 NW 42nd Place

Suite, Apt. #, etc.

City & State

CAPE CORAL

Zip

33993

Country

LEE

City & State

CAPE CORAL

Zip

33993

Country

LEE



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0576733

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

CANCEL, CARMEN A  
628 STEVELYNN CIR  
WINTER GARDEN FL 34787

Name

DIANN AVILES

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

1015 NW 42nd Place

City

Cape Coral

FL

Zip Code

33993

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

TITLE	PT	<input type="checkbox"/> Delete
NAME	AVILES-RIVERA, ISMAEL	
STREET ADDRESS	1203 SW 98TH TERR #202	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE	S	<input type="checkbox"/> Delete
NAME	AVILES, DIANN	
STREET ADDRESS	1203 SW 98TH TERR #202	
CITY-ST-ZIP	CAPE CORAL FL 33914	
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	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AVILES, ISMAEL	
STREET ADDRESS	1015 NW 42nd PLACE	
CITY-ST-ZIP	Cape Coral, FL 33993	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AVILES, DIANN	
STREET ADDRESS	1015 NW 42nd PLACE	
CITY-ST-ZIP	Cape Coral, FL 33993	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/3/00

Date

941-282-1235

Daytime Phone #

CR2E034 (9/99)