

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90218 045 \*\*\*150.00

**DOCUMENT # P95000059348**

**1. Entity Name**  
**CENTRAL FLORIDA CONTRACTING CORPORATION**



**Principal Place of Business**  
**1201 HIDDEN HARBOR LANE**  
**KISSIMMEE FL 34746**

**Mailing Address**  
**1201 HIDDEN HARBOR LANE**  
**KISSIMMEE FL 34746**

**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** **59-3329001**

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



**6. Name and Address of Current Registered Agent**

**SANT, EDWARD**  
**9428 W COLONIAL DRIVE**  
**OCOOEE FL 34761**

**7. Name and Address of New Registered Agent**

Name **Edward Sont**  
Street Address (P.O. Box Number is Not Acceptable) **1201 Hidden Harbor Lane**  
City **Kissimmee** FL **34746**

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** **Edward Sont, President**

**2/8/03**  
DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **PD** ☐ Delete  
NAME **SANT, EDWARD**  
STREET ADDRESS **9428 W COLONIAL DRIVE**  
CITY-ST-ZIP **OCOOEE FL 34761**

TITLE **P** ☒ Change ☐ Addition  
NAME **Edward Sont**  
STREET ADDRESS **1201 Hidden Harbor Lane**  
CITY-ST-ZIP **Kissimmee, FL 34746**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

**EDWARD SONT**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/8/03**  
Date

**407 847 9974**  
Daytime Phone #

CR2E034 (10/02)