

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000003121

1. Entity Name

CONTRACTORS SERVICES ASSOCIATES, INC.

FILED
Aug 21, 2000 8:00 am
Secretary of State

08-21-2000 90205 017 ***550.00

Principal Place of Business

315 S E 7TH ST STE 200
FT LAUDERDALE FL 33301-3156

Mailing Address

315 S E 7TH ST STE 200
FT LAUDERDALE FL 33301-3156

2. Principal Place of Business

1820 N. UNIVERSITY DR

3. Mailing Address

1820 N. UNIVERSITY DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
PLANTATION, FL

City & State
PLANTATION

4. FEI Number

65-0636811

Applied For

Not Applicable

Zip
33322

Country
USA

Zip
33322

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GEORGE, JOHN G
315 S E 7TH ST STE 200
FT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name Mike Burton

Street Address (P.O. Box Number is Not Acceptable)
6000 SW 13 ST.

City PLANTATION

FL

Zip Code
33317

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

Michael H. Burton

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP | D BURTON, MICHAEL 292 S UNIVERSITY DR PLANTATION FL 33324 | <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 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <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 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|--|---|
| 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 |

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-14-00 (84) 423-2311

CR2E034 (5/00)