

2001-UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 27, 2001 8:00 am**
Secretary of State

01-27-2001 90060 012 ***150.00

DOCUMENT # P96000013970

1. Entity Name

CONTRACTOR LEASING & CONSULTING, INC.

Principal Place of Business

12800 INDIAN ROCKS RD
SUITE 4
LARGO FL 33774

Mailing Address

12800 INDIAN ROCKS RD
SUITE 4
LARGO FL 33774

2. Principal Place of Business

1890 WEST BAY DRIVE W-Y
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

LARGO, FL

City & State

LARGO, FL

Zip

Country

Zip

Country

33770

4. FEI Number

59-3364214

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

Name

MIKE MCCORD

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

1890 WEST BAY DR W-Y

City


LARGO

FL

Zip Code
33770

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 W. McCord

(NOTE: Registered Agent signature required when reinstating)

DATE

1/18/01

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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	<input type="checkbox"/> Delete
	P			
	MCCORD, MIKE	12 SOUTH PINE CIRCLE	BELLEAIR FL 34640	

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:

 Michael W. McCord

Date

1/18/01

Daytime Phone #

CR2E034 (10/00)