

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90443 028 ***150.00

DOCUMENT # P96000021269

1. Entity Name
CONTEMPORARY CONSTRUCTION SOUTHEAST, INC.

Principal Place of Business 325 WALKER ST HOLLY HILL FL 32117	Mailing Address 325 WALKER ST HOLLY HILL FL 32117-2734
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3364828	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
DAUGHERTY, T. PATRICK 325 WALKER ST HOLLY HILL FL 32117			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code

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: *T.P. Daugherty* DATE: 4/24/00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **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 ST	<input type="checkbox"/> Delete	TITLE Vice-President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DAUGHERTY, T. PATRICK		NAME <i>T. Patrick Daugherty</i>	
STREET ADDRESS 30 DIX AVENUE		STREET ADDRESS <i>325 Walker St.</i>	
CITY-ST-ZIP ORMOND BEACH FL 32174		CITY-ST-ZIP <i>Holly Hill, FL 32117</i>	
TITLE P	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DAUGHERTY, N. KRISTINE		NAME	
STREET ADDRESS 30 DIX AVENUE		STREET ADDRESS	
CITY-ST-ZIP ORMOND BEACH FL 32174		CITY-ST-ZIP	
TITLE OM	<input type="checkbox"/> Delete	TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TEEPE, WILLIAM F		NAME <i>William F. Teepe</i>	
STREET ADDRESS 10 TRAIL RUN		STREET ADDRESS <i>325 Walker Street</i>	
CITY-ST-ZIP FLGLER BEACH FL 32137		CITY-ST-ZIP <i>Holly Hill, FL 32117</i>	
TITLE VP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TEEPE, CAROL A		NAME	
STREET ADDRESS 10 TRAIL RUN		STREET ADDRESS	
CITY-ST-ZIP FLGLER BEACH FL 32137		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *T.P. Daugherty* DATE: 4/24/00 DAYTIME PHONE #: 904-672-0555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)