2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9600027260 1. Entity Name CONTRACTOR'S RESIDENTIAL DESIGN, INC.								FILED May 06, 2000 8:00 am Secretary of State					
									•	001 ***300			
Principal Plac		3	Mailing Address										
2440 N. TAMIAN NOKOMIS FL 34 US			2440 N. TAMIAMI TRAIL NOKOMIS FL 34275-3475 US										
2. Principal P	lace of Busin		3. Mailing Address			, 							
		Amismi Ta	Suite, Apt. #, etc.	N.	TAM	BM	Trail		OT WRITE IN TI	HIS SPACE			
Julie, Apt.	#, GlC.				/		4. FEI Numi					i	
NOK	Pokomis, 7/a		Notomis,	Wollowis, 7)		a. 4.		oer 65-0 6	53520	N	pplied For ot Applicable		
342	275 Country S.A		34275	Coin	YSA	- :	5. Certificat	e of Status De	esired 🔲	\$8.75 Ad Fee.Require		_	
	6. Name	and Address of Current I	Registered Agent		Nome		7. Name an	d Address of	New Register	red Agent			
BONI	u iennieei	9 I			Name Street A	<u>len</u>	nit	er i	BONY	<u> </u>	<i>و</i>		
BONN, JENNIFER L 2440 N. TAMIAMI TRAIL						proress (P.	5 50 X X	per is 100 Acc	nam	1 770	ul		
NOK	OMIS FL 34	275				· 1	·						
					City	NOE	omi	<u>. Z. </u>	<u></u>	FL 3%	975		
8. The above	named entity	submits this statement for	the purpose of changing its	register	TO THE P	r registered	d agent, or b	oth, in the Sta	te of Florida.				
SIGNATURE .	Signature, typed	Susufue or printed name of regulared agent a	DANU Ind title if applicable. (NOTE	TCY E: Registere	d Agent signate	ure required w	hen reinstating)	<u>on</u>		26-00 ATE	2		
•	-	ble to satisfy its Intangible	FILE NOW!				10. E	lection Camp	aign Financing	\$5.0	00 May Be		
-	equirement a ria on back)	nd elects to the so.	After MAY 1, 20 Make Check Payab				ј т	rust Fund Cor	-		d to Fees		
11.	· · · · · · · · · · · · · · · · · · ·	OFFICERS AND	DIRECTORS	12.	<u>-</u>		ADDITIONS	CHANGES	TO OFFICERS	AND DIRECTOR		<u></u>	
TITLE NAME	P Bonn, Jai	MES R	☐ Delete	TITLE		1301	10,0	*ame	S.R.	Change	Addition	6/6/	
STREET ADDRESS	2440 N. T	amiami trail		STRE	ET ADDRESS	64	51	TOU	njami	110		R2E034 (9/99)	
City-St-ZiP	NOKOMIS ST	FL 34275		-	-ST-ZIP	NO	ROM	12 7	rı ə	7 □ Ohange	☐ Additjon	CR2	
TITLE NAME	BONN, JE	NNIFER	☐ Delete	TITLI NAM		Bo.	10, -	Tenn	; Fer	um 7	— Audinjon		
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STREET ADDRESS	[ET ADDRESS								
CITY-ST-ZIP	portify that the	information supplied with	this filing does not qualify fo	r the eve	-ST-ZIP 	ted in Sec	tion 119 07/3	N(i), Florida Si	atutes. I furthe	r certify that the	information		
indicated of the cor changed	l on this report poration or the or on an atta	or information supplied with the supplemental report is the receiver of trustee empo achiest with an address, v	tris filling does not duality to true and accurate and that wered to execute the report with all other like empowered	as redui	ture shall h	nave the sa	ame legal effi Figripa Statu	ect as if made tes; and that r	under oatn; th ny name appe	ars in Block 11 o	r or director or Block 12 if		
SIGNAT		Bonnis	wor					426	-00	441-48	4-6000	1	
SIGNA	J11L	SIGNATURE AND TYPED OR P	RINTED NAME OF SIGNING OFFICER	OR DIRECT	ro R			Date		Daytime Phone #			