

AMMENDED

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000027260

1. Entity Name
CONTRACTOR'S RESIDENTIAL DESIGN, INC.



Principal Place of Business
665 N. TAMiami TRAIL
NOKOMIS, FL 34275 US

Mailing Address
665 N. TAMiami TRAIL
NOKOMIS, FL 34275 US

2. Principal Place of Business
3675 CLARK RD
Suite, Apt. #, etc.

3. Mailing Address
3675 CLARK ROAD
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
SARASOTA, FL
Zip
34233
Country
USA

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SARASOTA, FL
Zip
34233
Country
USA

4. FEI Number
65-0653520
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
FLYNN, TAMARA
665 N. TAMiami TRAIL
NOKOMIS, FL 34275

7. Name and Address of New Registered Agent
Name
FLYNN, TAMARA
Street Address (P.O. Box Number is Not Acceptable)
3675 CLARK ROAD
City SARASOTA FL Zip Code 34233

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 Tamara Flynn 8/20/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when resigning) DATE

FILE FILING FEE IS \$30.00
After May 1, 2003, the filing fee is \$50.00
Amended UBR is \$20.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BONN, JAMES R 665 N. TAMiami TRAIL NOKOMIS, FL 34275 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BONN, JENNIFER 665 N. TAMiami TRAIL NOKOMIS, FL 34275 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO BONN, JAMES 3675 CLARK ROAD SARASOTA, FL 34233 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	000022554610 08/25/03--01100--006 ***61.25 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P-000 BONN, MARCUS 3675 CLARK ROAD SARASOTA, FL 34233 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO-ST FLYNN, TAMARA 3675 CLARK ROAD SARASOTA, FL 34233 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 507, 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: Tamara Flynn Cfo, ST 8/20/03 941-484-6000
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CFR034 (10/02)

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