2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000103795

1. Entity Name

CONTRACT ADMINISTRATION, INC.

Principal Place of Business	Mailing Address
2601 PALMETTO RD MT DORA FL 32757 US	18950 US HWY 441 BOX 203 MT DORA FL 32757-6738 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

DO NOT WRITE IN THIS SPACE

Zip	Country	Zip	Country

4. FEI Number	59-3419152	Applied For
		Not Applicable

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

6. Name and Address of Current Registered Agent

SHAVER, VICTOR G
2601 PALMETTO RD
MT DORA FL 32757

7. Name and Address of New Registered Agent

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 *Victor A. Shaver* Victor G. Shaver President   4-14-00
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 $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 DP		☐ Delete	**TITLE**	☐ Change	☐ Addition
NAME SHAVER, VICTOR G			**NAME**		
STREET ADDRESS 2601 PALMETTO RD.			**STREET ADDRESS**		
CITY-ST-ZIP MT. DORA FL 32757			**CITY-ST-ZIP**		
TITLE DS		☐ Delete	**TITLE**	☐ Change	☐ Addition
NAME SHAVER, PATRICIA			**NAME**		
STREET ADDRESS 2601 PALMETTO RD.			**STREET ADDRESS**		
CITY-ST-ZIP MT. DORA FL 32757			**CITY-ST-ZIP**		
TITLE		☐ Delete	**TITLE**	☐ Change	☐ Addition
NAME			**NAME**		
STREET ADDRESS			**STREET ADDRESS**		
CITY-ST-ZIP			**CITY-ST-ZIP**		
TITLE		☐ Delete	**TITLE**	☐ Change	☐ Addition
NAME			**NAME**		
STREET ADDRESS			**STREET ADDRESS**		
CITY-ST-ZIP			**CITY-ST-ZIP**		
TITLE		☐ Delete	**TITLE**	☐ Change	☐ Addition
NAME			**NAME**		
STREET ADDRESS			**STREET ADDRESS**		
CITY-ST-ZIP			**CITY-ST-ZIP**		
TITLE		☐ Delete	**TITLE**	☐ Change	☐ 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: *Victor A. Shaver*   601
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   4-14-00 823-8787
Date   Daytime Phone #

CR2E034 (9/99)