

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000031654

1. Entity Name

CONTRACTOR'S COMMERCIAL DESIGN, INC.

FILED
May 06, 2000 8:00 am
Secretary of State

05-06-2000 90131 001 ***300.00

Principal Place of Business

7013 S TAMiami TRAIL
B
SARASOTA FL 34231
US

Mailing Address

2440 N. TAMiami TRAIL
NOKOMIS FL 34275-3475

2. Principal Place of Business

665 N. TAMiami TRAIL
Suite, Apt. #, etc.

3. Mailing Address

665 N. TAMiami TRAIL
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

NOKOMIS FL

City & State

NOKOMIS, FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

34275 USA

Zip

34275 USA

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

BONN, JENNIFER L
2440 N. TAMiami TRAIL
NOKOMIS FL 34275

Name

Jennifer Bonn
Street Address (P.O. Box Number is Not Acceptable)
665 N. TAMiami TRAIL

City

NOKOMIS FL 34275

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

Jennifer Bonn Secretary
Jennifer Bonn 4-26-00

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

TITLE	P	<input type="checkbox"/> Delete
NAME	BONN, JAMES R	
STREET ADDRESS	2440 N. TAMiami TRAIL	
CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BONN, JENNIFER	
STREET ADDRESS	2440 N. TAMiami TRAIL	
CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Bonn James R	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	665 N. TAMiami TRAIL	
STREET ADDRESS	NOKOMIS, FL 34275	
CITY-ST-ZIP		
TITLE	Bonn Jennifer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	665 N. TAMiami TRAIL	
STREET ADDRESS	NOKOMIS, FL 34275	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 information empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)