

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000078215

1. Entity Name

CONTRACTORS WAREHOUSE, INC.

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90150 022 \*\*\*150.00

Principal Place of Business

Mailing Address

6750 PEMBROKE RD  
HOLLYWOOD FL 33023

6750 PEMBROKE RD  
HOLLYWOOD FL 33023-2144

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0787056

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MOYANT, JOHN K  
6750 PEMBROKE RD  
HOLLYWOOD FL 33023

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

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 ☐ Delete  
NAME D  
STREET ADDRESS MOYANT, JOHN K  
CITY-ST-ZIP 4661 SW 42 TERR  
FORT LAUDERDALE FL 33314

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME D  
STREET ADDRESS BRADLEY, CAROL  
CITY-ST-ZIP 9181 NW 15 ST  
PLANTATION FL 33322

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME D  
STREET ADDRESS GONZALEZ, EDGAR  
CITY-ST-ZIP 4860 NW 9 TERR  
FORT LAUDERDALE FL 33309

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 371 NW 112 Ave  
CITY-ST-ZIP Coral Springs FL 33071

TITLE ☐ Delete  
NAME D  
STREET ADDRESS GONZALEZ, ISRAEL  
CITY-ST-ZIP 11540 SW 122 PL  
MIAMI FL 33186

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 17489 Harris Ave  
CITY-ST-ZIP Port Charlotte FL 33948

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)