

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90095 042 ***150.00

DOCUMENT # P98000007078

1. Entity Name

CONTOUR ENTERPRISES, INC.

Principal Place of Business

**840 SOUTH MILITARY TRAIL
 DEERFIELD BEACH FL 33442**

Mailing Address

**840 SOUTH MILITARY TRAIL
 DEERFIELD BEACH FL 33442**

2. Principal Place of Business

3557 ORCHID DRIVE

Suite, Apt. #, etc.

3. Mailing Address

3557 ORCHID DRIVE

Suite, Apt. #, etc.

City & State

CORAL SPRINGS, FL

City & State

CORAL SPRINGS, FL

Zip

33065

Country

BROWARD

Zip

33065

Country

BROWARD

4. FEI Number

65-0810637

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**BLODIG, GREGORY J ESQ.
 100 WEST CYPRESS CREEK ROAD
 SUITE 700
 FT. LAUDERDALE FL 33309**

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

[Signature]

EDWARD LECHNER

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, 2002 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 **VD** ☐ Delete
 NAME **BROWN, AMANDA**
 STREET ADDRESS **3920 WILD LIME LANE**
 CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE **DP** ☐ Delete
 NAME **LECHNER, EDWARD**
 STREET ADDRESS **840 SOUTH MILITARY TRAIL**
 CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

TITLE **DTS** ☐ Delete
 NAME **DA COSTA, CLINTON**
 STREET ADDRESS **11502 NW 44TH STREET**
 CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VD** ☒ Change ☐ Addition
 NAME **BROWN AMANDA**
 STREET ADDRESS **3557 ORCHID DRIVE**
 CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE **DP** ☒ Change ☐ Addition
 NAME **EDWARD LECHNER**
 STREET ADDRESS **3557 ORCHID DRIVE**
 CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE **DTS** ☒ Change ☐ Addition
 NAME **DA COSTA, CLINTON**
 STREET ADDRESS **P.O. Box 8646**
 CITY-ST-ZIP **CORAL SPRINGS, FL, 33065**

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

TITLE ☐ Change ☐ Addition
 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 REQUIRED LECHNER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/02

Date

(954) 868 4711

Daytime Phone #

CR2E034 (9/01)