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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State
05-02-2003 90706 021 ***150.00

DOCUMENT # P98000007078

1. Entity Name
CONTOUR ENTERPRISES, INC.

Principal Place of Business	Mailing Address
3557 ORCHID DRIVE CORAL SPRINGS FL 33065	3557 ORCHID DRIVE CORAL SPRINGS FL 33065

2. Principal Places of Business — Suite, Apt. #, etc. — City & State — Zip — Country

3. Mailing Address — Suite, Apt. #, etc. — City & State — Zip — Country

☑ CHECK HERE IF MAILING CHANGED

4. FEI Number: 65-0810637 — ☐ Applied For

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. I am familiar with and accept the obligations of registered agent.

SIGNATURE: _____
Signature of new registered agent or registered agent's authorized representative — Date: Required when agent is changed or added — Date

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	VD ☐ Delete BROWN, AMANDA 3557 ORCHID DRIVE CORAL SPRINGS FL 33065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ☐ Delete LECHNER, EDWARD 3557 ORCHID DRIVE CORAL SPRINGS FL 33065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS ☐ Delete DA COSTA, CLINTON P.O. BOX 5946 CORAL SPRINGS FL 33065
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 (if any)

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition DTS DA COSTA, CLINTON 9667 ARMADILLO STREET BOCA RATON, FL 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 as 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 — Telephone Number