

2000 UNIFORM BUSINESS REPORT (UBR)

4/2

FILED

May 30, 2000 8:00 am
Secretary of State

04-22-2000 90109 005 ***150.00

DOCUMENT # P 98000024275

1. Entity Name

C.D. Shell Contractors, Inc.

Principal Place of Business

Mailing Address

4701 Lyons Rd # 203
Coconut Creek FL 33073

2. Principal Place of Business

5312 NW 53rd Street

3. Mailing Address

5312 NW 53rd Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Coconut Creek FL

City & State

Coconut Creek FL

Zip

33073

Country

Zip

33073

Country

4. FEI Number

65-089300

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Christopher A. DAMIS
4701 Lyons Rd #203
Coconut Creek FL 33073

7. Name and Address of New Registered Agent

Name: JOAN HAMILTON
Street Address (P.O. Box Number is Not Acceptable)
2625 NE 6th Ave

City: WILTON MANORS

FL

Zip Code

33234

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

JOAN HAMILTON
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 4-16-00

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. President OFFICERS AND DIRECTORS

TITLE Christopher A. DAMIS Delete
NAME
STREET ADDRESS 5312 NW 53rd St
CITY-ST-ZIP Coconut Creek FL 33073

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition
NAME
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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, and address, with all other like empowered.

SIGNATURE

Christopher A. DAMIS
Signature and typed or printed name of signing officer or director

President 4-16-00

Date

Daytime Phone #

426-9688

CR2E034 (9/99)