

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000034616

1. Entity Name

CONTRACTOR'S SCAFFOLDING & SHORING, INC.

Principal Place of Business

255 SOUTH ORANGE AVENUE, SUITE 801
ORLANDO FL 32081

Mailing Address

255 SOUTH ORANGE AVENUE, SUITE 801
ORLANDO FL 32801-3452

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3507496

Applied For

Not Applicable

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

RAILEY, LILBURN R III
255 SOUTH ORANGE AVENUE, SUITE 801
ORLANDO FL 32081

Name

Daniel L. DeCubellis

Street Address (P.O. Box Number is Not Acceptable)

255 S. Orange Ave
Suite 801

City

Orlando

FL

Zip Code

32801

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)

Daniel L. DeCubellis, Attorney

DATE

✓ 1/5/2000

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
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
WALSH, ROBERT S
255 SOUTH ORANGE AVENUE, SUITE 801
ORLANDO FL 32081

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

Robert S. Walsh
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert S. Walsh, President/Director

✓ 1-5-2000

Date

(407) 426-7600
Daytime Phone #

CR2E034 (9/99)

FILED
Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90042 012 ***150.00



DO NOT WRITE IN THIS SPACE