

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000087404

1. Entity Name

CONTRACTORS MARKETING GROUP, INC.

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90099 035 ***150.00

Principal Place of Business

1120 SEA GRAPE CIRCLE
 DELRAY BEACH FL 33445

Mailing Address

1120 SEA GRAPE CIRCLE
 DELRAY BEACH FL 33445-3519

2. Principal Place of Business

1120 SEA GRAPE CIRCLE

Suite, Apt. #, etc.

DELRAY BEACH, FLOEIDA

City & State

3. Mailing Address

1120 SEA GRAPE CIRCLE

Suite, Apt. #, etc.

DELRAY BEACH, FLORIDA

City & State

Zip
 33445

Country
 U.S.A.

Zip
 33445

Country
 U.S.A.

4. FEI Number

65-0867263

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

PAPA, JOSEPH F
 1120 SEA GRAPE CIRCLE
 DELRAY BEACH FL 33445

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, 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

TITLE PD **PRESIDENT** ☐ Delete
 NAME PAPA, JOSEPH F
 STREET ADDRESS 1120 SEA GRAPE CIRCLE
 CITY-ST-ZIP DELRAY BEACH FL 33445

TITLE VD (VICE PRESIDENT) ☐ Delete
 NAME PAPA, NORMA L
 STREET ADDRESS 1120 SEA GRAPE CIRCLE
 CITY-ST-ZIP DELRAY BEACH FL 33445

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
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 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

JOSEPH F. PAPA, PRESIDENT

Date Daytime Phone #

CR2E034 (9/99)