

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 11, 2003 8:00 am**  
**Secretary of State**

06-11-2003 90063 025 \*\*\*150.00

**DOCUMENT # P99000034041**

1. Entity Name  
**FLORIDA CONTRACTING COMPANY, INC.**

Principal Place of Business  
**2300 CURTISS DRIVE  
DELTONA, FL 32738**

Mailing Address  
**2300 CURTISS DRIVE  
DELTONA, FL 32738**

**90139226**



☒ CHECK HERE IF MAKING CHANGES

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  
**59-3569861**

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

**CHANDLER, WILLIAM C  
2300 CURTISS DRIVE  
DELTONA, FL 32738**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's Signature required when resigning)

DATE

FILE NEW UBR FEES \$100.00  
May 1, 2003 Fee \$50.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **CHANDLER, WILLIAM**  
CITY-ST-ZIP **2300 CURTISS DRIVE  
DELTONA, FL 32738**

TITLE ☐ Change ☒ Addition  
NAME **P/D**  
STREET ADDRESS **Chandler, William**  
CITY-ST-ZIP **2300 Curtiss Drive  
Deltona, FL 32738**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **CHANDLER, CYNTHIA K**  
CITY-ST-ZIP **2300 CURTISS DRIVE  
DELTONA, FL 32738**

TITLE ☐ Change ☒ Addition  
NAME **V/D**  
STREET ADDRESS **Chandler, Cynthia K.**  
CITY-ST-ZIP **2300 Curtiss Drive  
Deltona, FL 32738**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **S**  
STREET ADDRESS **Barbara A. Miller**  
CITY-ST-ZIP **402 Knot Way  
Deland, FL 32724**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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 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

**4/30/03**

**407-302-0701**

Date

Official Phone #

CR2E034 (10/02)