

UNIFORM BUSINESS REPORT (UBR)

5/24/00-9001

FILED

Jun 29, 2000 8:00 am
Secretary of State

05-24-2000 90065 024 ***150.00

DOCUMENT # P99000066784

METRICK
CHARLIE'S TERRACE
FT. MYERS FL 33907Place of Business
METRICK
CHARLIE'S TERRACE
FT. MYERS FL 33907
Mailing Address
C/O GLEN METRICK
11533 CHARLIE'S TERRACE
FT. MYERS FL 33907-3049Place of Business
Mailing AddressApt. #, etc.
Suite, Apt. #, etc.State
City & State

4. FEI Number

65-0920500

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOORE, MICHAEL G
PARRISH & MOORE, P.A.
2171 PINE RIDGE RD., STE. D
NAPLES FL 34109

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

The corporation is eligible to satisfy its intangible
filing requirement and elects to do so.
(Criteria on back)FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution.☐\$5.00 May Be
Added to Fees

OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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
stated 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

Date

Daytime Phone #

Doc # P99000066784
CRI
Contractor Resources Inc

105813

June 21, 2000

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: Contractor Resources, Inc.
Reference # : P99000066784

To Whom It May Concern:

I am writing this letter in response to your recent correspondence concerning our annual report. I apologize for the oversight on the application. The tax ID number is 65-0920500 and it has been filled into the application. Your letter and a copy of the form are enclosed.

Sincerely,



Glen F. Metrick

enclosure (2)

cc: Michael Moore