

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90444 020 ***158.75

0482230 AV

DOCUMENT # P99000066784

1. Entity Name

CONTRACTOR RESOURCES, INC.

Principal Place of Business

**C/O GLEN METRICK
11533 CHARLIE'S TERRACE
FT. MYERS FL 33907**

Mailing Address

**C/O GLEN METRICK
11533 CHARLIE'S TERRACE
FT. MYERS FL 33907**

2. Principal Place of Business

11547 CHARLIE'S TERRACE

3. Mailing Address

11547 CHARLIE'S TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

FORT MYERS, FL

Zip

33907

Country

USA

City & State

FORT MYERS, FL

Zip

33907

Country

USA

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 **JOHNSTON, THEODORE**
Street Address (P.O. Box Number is Not Acceptable)
11547 CHARLIE'S TERRACE
City **FORT MYERS** FL Zip Code **33907**

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

THEODORE JOHNSTON, DIRECTOR

2/19/02

(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, 2002 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 **D** ☒ Delete
NAME **METRICK, GLEN**
STREET ADDRESS **11533 CHARLIE'S TERRACE**
CITY-ST-ZIP **FT. MYERS FL 33907**

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 **D** ☐ Change ☒ Addition
NAME **THEODORE JOHNSTON**
STREET ADDRESS **11547 CHARLIE'S TERRACE**
CITY-ST-ZIP **FORT MYERS, FL 33907**

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

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

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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 with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THEODORE JOHNSTON

Date

2/19/02

Daytime Phone #

941-936-6627

CR2E034 (9/01)