

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S41978**

1. Entity Name

CONTRACT ASSEMBLIES, INC.

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90053 048 ***150.00

Principal Place of Business

Mailing Address

2155 WEST JEFFERSON
SUITE 005
QUINCY FL
US

2155 WEST JEFFERSON
SUITE 005
QUINCY FL 32351-1909
US

2. Principal Place of Business

3. Mailing Address

2155 WEST JEFFERSON ST.
Suite, Apt. #, etc.

2155 WEST JEFFERSON ST.
Suite, Apt. #, etc.

SUITE AA5

SUITE AA5

City & State

City & State

QUINCY, FL

QUINCY, FL

Zip

Country

32351-1909

U.S.A.

Zip

Country

32351-1909

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPAHN, RICHARD
1601 N.W. 101ST AVENUE
PEMBROKE FL 33026

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	ROBERT, WHITE	
STREET ADDRESS	11944 R. HARVARD AVE.	
CITY-ST-ZIP	AURORA CO	
TITLE	PSTD	<input type="checkbox"/> Delete
NAME	WHITE, DONALD	
STREET ADDRESS	3660 QUINCY PLACE	
CITY-ST-ZIP	GAINESVILLE GA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/17/00

850-627-2638

CR2E034 (9/99)