

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90002 019 ***150.00

0046446 AV

DOCUMENT # S41978

1. Entity Name

CONTRACT ASSEMBLIES, INC.

Principal Place of Business

**2155 WEST JEFFERSON
STE AA5
QUINCY FL 32351-1909
US**

Mailing Address

**2155 WEST JEFFERSON
STE AA5
QUINCY FL 32351-1909
US**

2. Principal Place of Business

2155 WEST JEFFERSON

3. Mailing Address

2155 WEST JEFFERSON

Suite, Apt. #, etc.

SUITE AA5

Suite, Apt. #, etc.

SUITE AA5

City & State

QUINCY, FLORIDA

City & State

QUINCY, FLORIDA

4. FEI Number

59-3079231

Applied For

Not Applicable

Zip

32351-1909

Country

USA

Zip

32351-1909

Country

USA5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

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, 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 **ROBERT, WHITE**
STREET ADDRESS **11944 R. HARVARD AVE.**
CITY-ST-ZIP **AURORA CO**TITLE ☐ Delete
NAME **PSTD**
STREET ADDRESS **WHITE, DONALD**
CITY-ST-ZIP **3660 QUINCY PLACE**
GAINESVILLE GATITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01.25.02 (850) 627.2638

Date

Daytime Phone #

CR2E034 (9/01)