

2001

UNIFORM BUSINESS DOCUMENT OF

FILED
Jun 25, 2001 8:00 am
Secretary of State

06-25-2001 90042 035 ***150.00

DOCUMENT # S80382 (0)

1. Entity Name

F.T.E. CONTRACTORS, INC.

Principal Place of Business
 T.R. Woodbridge
 390 Pondella Rd., Ste.#2
 N. Fort Meyers, FL 33903

Mailing Address
 T.R. Woodbridge
 390 Pondella Rd., Ste.#2
 N. Fort Meyers, FL 33903

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

36-3792030

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

T.R. Woodbridge
 390 Pondella Road, Suite #2
 North Fort Meyers, Florida 33903

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 resigning)

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

TITLE PD ☐ Delete
 NAME Stern, Edward H.
 STREET ADDRESS 1805 Waukegan Road
 CITY-STATE-ZIP Glenview, Illinois 60025

TITLE SD ☐ Delete
 NAME Stern, Edward J.
 STREET ADDRESS 1805 Waukegan Road
 CITY-STATE-ZIP Glenview, Illinois 60025

TITLE DT ☐ Delete
 NAME Stern, Frank E.
 STREET ADDRESS 1805 Waukegan Road
 CITY-STATE-ZIP Glenview, Illinois 60025

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

Car

Daytime Phone #