

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # S90374**

1. Entity Name

CONTEMPO HOME SERVICES, INC.**FILED****Mar 13, 2000 8:00 am**
Secretary of State

03-13-2000 90066 026 ***150.00

Principal Place of Business

Mailing Address

4717 US HWY 27N
C8
DAVENPORT FL 33837
US4717 US HWY 27N
C8
DAVENPORT FL 33837-8825
US

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

59-3091801

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**WHERRETT, DONALD
4717 US HWY 27N., STE C8
DAVENPORT FL 33837

Name

Anthony Paul Jarrett

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

4717 US Highway 27 North C8

City

Davenport**FL**

Zip Code

33837

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 **Anthony Paul Jarrett, President**

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

03/10/009. 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 State10. 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 **DP** ☒ Delete
NAME **WHERRETT, DONALD**
STREET ADDRESS **7162 MONTREAL DR**
CITY-ST-ZIP **LAKELAND FL 33809**TITLE ☐ 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-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **DP** ☒ Change ☒ Addition
NAME **Anthony Paul Jarrett**
STREET ADDRESS **4717 US Highway 27 North C8**
CITY-ST-ZIP **Davenport, Florida 33809**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-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****Anthony Paul Jarrett, President****863 420 1955**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

03/10/00

Daytime Phone #

CR2E034 (9/99)