

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90109 001 ***150.00

DOCUMENT # P98000045455

1. Entity Name

E.A. CONTRACTING, INC.

Principal Place of Business

14605 49TH ST N
 STE 27
 CLEARWATER FL 33762

Mailing Address

~~9365 CRESTVIEW STREET
 SEMINOLE FL 33772-3041~~

NEW ADDRESS

2. Principal Place of Business

SAME AS ABOVE

Suite, Apt. #, etc.

3. Mailing Address

13422 87TH AVE N

Suite, Apt. #, etc.

SEMINOLE

City & State

City & State
FLORIDA

4. FEI Number

59-3515183

Applied For
 Not Applicable

Zip

Country

Zip

33776

Country

PINELLAS

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**FISHMAN, STEVEN M ESQ
 3135 STATE ROAD 580
 SAFETY HARBOR FL 34695**

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, 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	PTSD	<input checked="" type="checkbox"/> Delete
NAME	ARMAS, EDWARD A	
STREET ADDRESS	9365 CRESTVIEW STREET	NEW ADDRESS
CITY-ST-ZIP	SEMINOLE FL 33772	
TITLE	PTSD	<input type="checkbox"/> Delete
NAME	ARMAS, EDWARD A.	
STREET ADDRESS	13422 87TH AVE N.	
CITY-ST-ZIP	SEMINOLE FL 33776	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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		
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: *Edward A. Armas* **EDWARD A. ARMAS** **1/19/00 (722) 392-6260**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #