

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 02, 2001 8:00 am**  
**Secretary of State**

0026854

04-02-2001 90303 012 \*\*\*\*61.25

**DOCUMENT # N94000005648**

1. Entity Name

**BRIDGE BUILDERS INTERNATIONAL, INC.**

Principal Place of Business

Mailing Address

2055 MERCY DR  
 ORLANDO FL 32808  
 US

2055 MERCY DR  
 ORLANDO FL 32808  
 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

**59-3396804**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COSTANTINO, FRANK**  
**2055 MERCY DRIVE**  
**ORLANDO FL 32808-5629**

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 \_\_\_\_\_

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>COSTANTINO, FRANK</b>	
STREET ADDRESS	<b>5519 BAY SIDE DR</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32819</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MCMURTRY, GRADY</b>	
STREET ADDRESS	<b>4698 HALL RD.</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32817</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BROWN, DON</b>	
STREET ADDRESS	<b>6325 WHIP-O-WILL LANE</b>	
CITY-ST-ZIP	<b>ST CLOUD FL 34771</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>POITRAS, EDWARD W</b>	
STREET ADDRESS	<b>27 LAKE HAMILTON BEACH</b>	
CITY-ST-ZIP	<b>HAINES CITY FL 33844</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HARRISON, BEN</b>	
STREET ADDRESS	<b>PO BOX 279</b>	
CITY-ST-ZIP	<b>BRYSON CITY NC 28713</b>	
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		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with an other like empowered.

**SIGNATURE:** \_\_\_\_\_

**REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)