2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P02000000625

1. Entity Name

CERTIFIED CONSTRUCTION CONSULTANTS, INC.



FILED Mar 17, 2003 8:00 am Secretary of State

03-17-2003 90681 044 ***163.75

Principal Place of Business 252 GULF OF MEXICO DRIVE_15E 10080AT KEY FL 9428 225 GULF OF MEXICO DRIVE_15E 1428 225 GULF OF MEXICO DRIVE_15E 1428 225 GULF OF MEXICO DRIVE_15E 2428 225 GULF OF MEXICO DRIVE_15E 225 GULF OF ME				GAO WE THE	
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DEPOALD, VICTOR C 2525 GULF OF MEXICO DRIVE, #15E LONGBOAT KEY FL 34228 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. I am familiar with and accept the obligations of registered agent, point or predictions of registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, point or predictions of registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, point or predictions of registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, i	Zip	Country	Zip	Country	
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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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: