

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2001 8:00 am**  
**Secretary of State**

04-10-2001 90026 033 \*\*\*150.00

**DOCUMENT # P95000013025**

1. Entity Name  
**CONSTRUCTION ENTITIES, INC.**

Principal Place of Business  
**1273 S.W. BILTMORE STREET  
 PORT ST. LUCIE FL 34983**

Mailing Address  
**1273 S.W. BILTMORE STREET  
~~PORT ST. LUCIE FL 34983~~**

LUU43710



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address  
**19208 DIMONA DRIVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**BROOKVILLE MD**

4. FEI Number **65-0561347**

Applied For  
 Not Applicable

Zip Country

Zip Country  
**20833 USA**

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

~~PRICE, JAMES C  
 1273 S.W. BILTMORE STREET  
 PORT ST. LUCIE FL 34983~~

Name **MACC MURPHY**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1273 SW BILTMORE STREET**  
 City **PORT ST. LUCIE FL FL** Zip Code **34983**

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 *MaCC T. Murphy* **MACC T. MURPHY** DATE **01/23/01**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD PRICE, JAMES C <del>3440 S.W. CATSKILL DRIVE PORT ST. LUCIE FL 34953</del></b>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD JAMES C. PRICE 19208 DIMONA DRIVE BROOKVILLE MD 20833</b>	<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

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: *James Price* **4-4-01** **301-806-0270**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)