

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 411317

1. Entity Name

CONSTRUCTION ANALYSIS SYSTEMS, INC.

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90052 021 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
5020 GUNO HWY 5020 GUNN HWY 240 TAMPA FL 22624 US	5020 GUNO HWY 240 TAMPA FL 22624 US

2. Principal Place of Business	3. Mailing Address
5020 GUNN HWY	5020 GUNN HWY
Suite, Apt. #, etc. STE 240	Suite, Apt. #, etc. STE 240
City & State TAMPA FL	City & State TAMPA FL
Zip 33624-6370	Zip 33624-6370
Country US	Country US

4. FEI Number	59-1561740	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EPLEY, WENDY
5020 GUNN HWY
STE 240
TAMPA FL 33624 - 6370

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CUNILL, BUENAVENTURA C. 50220 GUNN HWY 240 - 5020 GUNN HWY 240 TAMPA FL 33624 - 6370 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

B. CUNILL

3/14/00

813/269-2274

CR2E034 (9/99)