

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0456377 AV

DOCUMENT # **488402**

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



**FILED**

03 JUL -8 PM 3:01

SECRETARY OF STATE



Principal Place of Business  
**550 NORTH REO STREET  
STE 300  
TAMPA FL 33609  
US**

Mailing Address  
**550 NORTH REO STREET  
STE 300  
TAMPA FL 33609  
US**

2. Principal Place of Business  
**5421 BEAUMONT CENTER BLVD**  
Suite, Apt. #, etc.  
**611**

3. Mailing Address  
**5421 BEAUMONT CENTER BLVD**  
Suite, Apt. #, etc.  
**611**

City & State  
**TAMPA, FL**

City & State  
**TAMPA, FL**

4. FEI Number **59-1630749**

Applied For  
Not Applicable

Zip **33634** Country **HILLSBOROUGH**

Zip **33634** Country **HILLSBOROUGH**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**900021352359**  
City **07/07/03 01060 004 \*\*550.00 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPTS BENNETT, STEPHEN M 550 N REO ST, STE 300 TAMPA FL 33609</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DC FISON, DAVID 550 N REO ST., STE 300 TAMPA FL 33609</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KEEHAN, JOHN 550 N REO STREET, STE 300 TAMPA FL 33609</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>5421 BEAUMONT CENTER BLVD, SUITE 611 TAMPA, FL 33634</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: W. Jones SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **6/30/03** Daytime Phone # **(813) 886-2888**

CR2E034 (10/02)