

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000001605

1. Entity Name

CPX CONSTRUCTION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 75020
CINCINNATI OH 45275

P.O. BOX 75020
CINCINNATI OH 45275-0020

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

c/o Corporate Secretary

Suite, Apt. #, etc.

P.O. Box 75020

City & State

Cincinnati OH

Zip

45275-0020

Country

4. FEI Number

61-1187405

Applied For

Not Applicable

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

BAUMEISTER, WILLIAM F
255 S ORANGE AVE #1144
ORLANDO FL 32801

Name

CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

City

Plantation

FL

Zip Code

33324

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.

Susan J. Metz

Assistant Secretary Corporation System

4/19/2000

(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	C	<input type="checkbox"/> Delete
NAME	BUTLER, WILLIAM P	
STREET ADDRESS	655 EDEN PARK DRIVE	
CITY-ST-ZIP	CINCINNATI OH 45202	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	THOMAS E BANTA	
STREET ADDRESS	655 EDEN PARK DRIVE	
CITY-ST-ZIP	CINCINNATI OH 45202	
TITLE	DPT	<input checked="" type="checkbox"/> Delete
NAME	MOUHOURTIS, JAMES N	
STREET ADDRESS	655 EDEN PARK DRIVE	
CITY-ST-ZIP	CINCINNATI OH 45202	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BLACKHAM, J. WILLIAM	
STREET ADDRESS	655 EDEN PARK DRIVE	
CITY-ST-ZIP	CINCINNATI OH 45202	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BROVK, DALE W	
STREET ADDRESS	655 EDEN PARK DR	
CITY-ST-ZIP	CINCINNATI OH 45202	
TITLE	AS	<input type="checkbox"/> Delete
NAME	MALOTT, ELVA	
STREET ADDRESS	655 EDEN PARK DRIVE	
CITY-ST-ZIP	CINCINNATI OH 45202	

TITLE	DPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	100 E Rivercenter Blvd, Ste 1100	
CITY-ST-ZIP	Covington KY 41011	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cairns, Myles	
STREET ADDRESS	100 E Rivercenter Blvd, Ste 1100	
CITY-ST-ZIP	Covington KY 41011	
TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	100 E Rivercenter Blvd, Ste 1100	
CITY-ST-ZIP	Covington, KY 41011	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	100 E Rivercenter Blvd, Ste 1100	
CITY-ST-ZIP	Covington KY 41011	

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:

Myles Cairns
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Myles Cairns, Secretary

Date

Daytime Phone #

4/19/2000 859-292-5507



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)