

FILED
Aug 11, 2003 8:00 am
Secretary of State

08-11-2003 90289 021 ***550.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # H00869

1. Entity Name

CONSTRUCTION CONSULTANTS UNLIMITED, INC.



Principal Place of Business
12769 NW 18TH MANOR
CORAL SPRINGS FL 33071
US

Mailing Address
12769 NW 18TH MANOR
CORAL SPRINGS FL 33071
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2503521

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KRASNOVE, JULIUS
12769 NW 18TH MANOR
CORAL SPRINGS FL 33071

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

JULIUS KRASNOVE *Julius Krasnov*

7-27-2003

Signature, typed or printed name of registered agent and title (Applicable)

(NOTE: Registered Agent Signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KRASNOVE, KEITH M	
STREET ADDRESS	10100 W SAMPLE RD 3RD FL	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	KRASNOVE, JULIUS	
STREET ADDRESS	12769 NW 18TH MANOR	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	KRASNOVE, ADELINE	
STREET ADDRESS	12768 NW 18TH MANOR	
CITY-ST-ZIP	POMPANO BEACH FL 33071	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRASNOVE JULIUS	
STREET ADDRESS	12769 NW 18TH MANOR	
CITY-ST-ZIP	CORAL SPRINGS, FL 33071	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELA BOUMAN	
STREET ADDRESS	377 JACARANDA DR.	
CITY-ST-ZIP	PLANTATION, FL 33324	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Julius Krasnov REQUIRED KRASNOVE - PRES. JULY 27, 2003 - 984-346-1192

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)