

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90154 015 ***150.00

DOCUMENT # K01363

1. Entity Name
CONSTRUCTION DESIGN & MANAGEMENT ASSOCIATES, INC

Principal Place of Business 365 GUS HIPP BLVD ROCKLEDGE FL 32955 US	Mailing Address 365 GUS HIPP BLVD ROCKLEDGE FL 32955-4806 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2864958		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
BROCKHOUSE, KEITH S 365 GUS HIPP BLVD ROCKLEDGE FL 32955				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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DIRK L. VANVUREN			NAME			
STREET ADDRESS	3659 SHELLIE CT.			STREET ADDRESS			
CITY-ST-ZIP	COCOA FL			CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BROCKHOUSE, KEITH S.			NAME			
STREET ADDRESS	365 GUS HIPP BLVD			STREET ADDRESS			
CITY-ST-ZIP	ROCKLEDGE FL 32955			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOSEPH W. HADDOW			NAME			
STREET ADDRESS	1278 TROON WAY			STREET ADDRESS			
CITY-ST-ZIP	ROCKLEDGE FL 32955			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARNES, RICKY G			NAME	BARNES, RICKY G.		
STREET ADDRESS	502 FILLMORE AVENUE			STREET ADDRESS	182 PEREGRINE DRIVE		
CITY-ST-ZIP	CAPE CANAVERAL FL			CITY-ST-ZIP	INDHALANTIC, FL 32903		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: KEITH S. BROCKHOUSE Date: 3/29/00 Daytime Phone #: 321-631-7063

CR2E034 (9/99)