

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90282 043 ***150.00

DOCUMENT # L27092

1. Entity Name
CONSTRUCTION ASSOCIATED SERVICES, INC.

Principal Place of Business

% WALTER G. TOET
4717 BANYAN LANE
TAMARAC FL 33319

Mailing Address

% WALTER G. TOET
4717 BANYAN LANE
TAMARAC FL 33319

2. Principal Place of Business

3452 N.W 27TH AVE

Suite, Apt. #, etc.

3. Mailing Address

3452 NW 27TH AVE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

POMPANO BEACH FL.

City & State

POMPANO BEACH FL

4. FEI Number

65-0181793

Applied For

Not Applicable

Zip

Country

33069 USA

Zip

Country

33069 USA

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

TOET, WALTER G.
4717 BANYAN LANE
TAMARAC FL 33319

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, 2002 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 **D** ☐ Delete
NAME **TOET, WALTER G.**
STREET ADDRESS **4717 BANYAN LANE**
CITY-ST-ZIP **TAMARAC FL**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **3452 N.W 27TH AVE**
CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W. G. TOET

4/10/02

(954) 969-0666

CR2E034 (9/01)