

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L80919

1. Entity Name
CONSTRUCTION MEDIX INC.

FILED
Sep 13, 2001 8:00 am
Secretary of State

09-13-2001 90005 046 ***550.00

0104318 AV

Principal Place of Business
2601 N OCEAN BLVD
STE 1
WEST PALM BEACH FL 33404
US

Mailing Address
2601 N OCEAN BLVD
STE 1
WEST PALM BEACH FL 33404
US

978355



2. Principal Place of Business
3550 S.W. ST LUCIE SHORES DR
Suite, Apt. #, etc.

3. Mailing Address
3550 S.W. ST LUCIE SHORES DR
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
PALM CITY, FL
Zip
34990 FL
Country
MARTIN

City & State
PALM CITY, FL
Zip
34990
Country
MARTIN

4. FEI Number 65-0195078
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BLAKE, DANIEL C.
2601 N OCEAN DR STE 1
SINGER ISLAND FL 33404

7. Name and Address of New Registered Agent

Name
BLAKE, DANIEL C.
Street Address (P.O. Box Number is Not Acceptable)
3550 S.W. ST LUCIE SHORES DR
City
PALM CITY, FL
Zip Code
34990

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 DATE 7/31/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
BLAKE, DANIEL C.
2601 N OCEAN DR STE 1
SINGER ISLAND FL 33404 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
ASHMEAD, RUTH ANN
2601 N OCEAN DR STE 1
SINGER ISLAND FL 33404 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
BLAKE, DANIEL C.
3550 S.W. ST LUCIE SHORES DR.
PALM CITY, FL 34990 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
ASHMEAD, RUTH ANN
3550 S.W. ST LUCIE SHORES DR.
PALM CITY, FL 34990 ☒ Change ☐ Addition

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

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

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

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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

DATE 7/31/01 (501) 881-5757

CR2E034 (5/01)