

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

3608154 AV

DOCUMENT # L80919

1. Entity Name
CONSTRUCTION MEDIX INC.



AMENDED

FILED

03 MAR 10 PM 1:56



Principal Place of Business
3550 SW ST LUCIE SHORES DR
PALM CITY FL 34990
US

Mailing Address
3550 SW ST LUCIE SHORES DR
PALM CITY FL 34990
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 65-0195078

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

BLAKE, DANIEL C.
3550 SW ST LUCIE SHORES DR
PALM CITY FL 34990

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

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

DANIEL C. BLAKE 2/25/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BLAKE, DANIEL C. 3550 SW ST LUCIE SHORES DR PALM CITY FL 34990 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT BLAKE, HERSCHEL T. 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 SW ST LUCIE SHORES DR PALM CITY FL 34990 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER RAMOS, PAULO DA-SILVA 3550 S.W. ST. LUCIE SHORES DR. PALM CITY, FL 34990 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	780014686217 03/25/03--01068--015 **61.25 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANIEL C. BLAKE 2/25/03 172-233-7755

CR2E034 (10/02)