

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002010

1. Entity Name

CENTRAL FLORIDA CONSTRUCTION MANAGEMENT, L.C.

Principal Place of Business

443 BEAUREGARD AVENUE, NORTHEAST  
PALM BAY FL 32907

Mailing Address

443 BEAUREGARD AVENUE, NORTHEAST  
PALM BAY FL 32907

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

9/26

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3519898

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LAWSON, TERRY  
443 BEAUREGARD AVENUE, NORTHEAST  
PALM BAY FL 32907

7. Name and Address of New Registered Agent

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]*

(NOTE: Registered Agent signature required when reinstating)

DATE

9-24-01

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

Due By September 26, 2001

800004616388--9

-09/28/01--01049--011

\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME LAWSON, TERRY  
STREET ADDRESS 443 BEAUREGARD AVENUE, NORTHEAST  
CITY-ST-ZIP PALM BAY FL 32907

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
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CITY-ST-ZIP

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☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*[Signature]*

9-24-01

321-403-5186

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (5/01)

STAPLE CHECK HERE