LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 13, 2003 8:00 am
Secretary of State
05-19-2003 90070 008 ****55.00

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DOCUMENT # L98000002010

1. Entity Name

CENTRAL FLORIDA CONSTRUCTION MANAGEMENT,

44UU4342

[redacted]

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
443 Beauregard Ave. N.E.	same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Palm Bay FL.	City & State
Zip: 32907 Country: U.S.A	Zip Country

4. FEI Number 59-351988 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Terry R. Lawson

Street Address (P.O. Box Number is Not Acceptable):

443 Beauregard Ave. N.E

City: Palm Bay FL Zip Code: 32907

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 _____ DATE

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

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	Owner
NAME	Terry R. Lawson
STREET ADDRESS	443 Beauregard Ave. N.E.
CITY-ST-ZIP	Palm Bay FL. 32907
TITLE	X
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	X
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CITY-ST-ZIP	
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NAME	X
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CITY-ST-ZIP	

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CR2E083B (12/02)

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: _____ 5-10-03 321-723-1319

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #