## **2001 UNIFORM BUSINESS REPORT (UBR)**

## FILED Mar 02, 2001 8:00 am Secretary of State **DOCUMENT # L99453** 1. Entity Name CONSTRUCTION SALES INC. 03-02-2001 90101 020 \*\*\*150.00 Principal Place of Business Mailing Address 11131 NW 11 AVE 11131 NW 11 AVE GAINESVILLE FL 32606 GAINESVILLE FL 32606 623480 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3031539 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NEDER, RONALD A Street Address (P.O. Box Number is Not Acceptable) 11131 NW 11 AVE. **GAINESVILLE FL 32606** 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. Addition CR2E034 (10/00 Change TITLE ☐ Delete TITLE NAME NEDER. ARLENE NAME STREET ADDRESS STREET ADDRESS 11131 NW 11 AVE CITY-ST-ZIP CITY-ST-712 GAINESVILLE FL Addition ☐ Change ☐ Delete TITLE NEDER, RONALD A NAME NAME STREET ADDRESS 11131 NW 11 AVE STREET ADDRESS CITY\_ST-7IP CITY-ST-ZIP GAINESVILLE FL Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP Change ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-SY-ZIP CITY-ST-ZIP ☐ Change Delete TITLE Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C1TY - ST - 719

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: