

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000016544

1. Entity Name

GLOBAL CONSTRUCTION MANAGERS, INC.

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90101 043 ***150.00

C0007208



DO NOT WRITE IN THIS SPACE

Principal Place of Business
4380 MECCA HAMMOCK TRAIL
SANFORD FL 32773

Mailing Address
4380 MECCA HAMMOCK TRAIL
SANFORD FL 32773

2. Principal Place of Business

210 S. PARK AVE

Suite, Apt. #, etc.

SUITE 201

City & State

SANFORD FL

Zip

32771

Country

US

3. Mailing Address

210 S. PARK AVE

Suite, Apt. #, etc.

SUITE 201

City & State

SANFORD FL

Zip

32771

Country

US

4. FEI Number

59-3623823

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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 D
NAME RONNING, SCOTT
STREET ADDRESS 4380 MECCA HAMMOCK TRAIL
CITY-ST-ZIP SANFORD FL 32773

☐ Delete

TITLE D
NAME RONNING, VALERIE
STREET ADDRESS 4380 MECCA HAMMOCK TRAIL
CITY-ST-ZIP SANFORD FL 32773

☐ Delete

TITLE
NAME
STREET ADDRESS
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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☐ 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)(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 or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11 Jan 01 407.302.3047

Date

Daytime Phone #

CR2E034 (10/00)

0053847