

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2001 8:00 am
Secretary of State
03-20-2001 90055 004 ***150.00

DOCUMENT # P00000033507

1. Entity Name
CONSTRUCTION CONCEPTS OF THE TREASURE COAST, INC

Principal Place of Business Mailing Address
4566 8TH ST. **4566 8TH ST.**
VERO BEACH FL 32968 **VERO BEACH FL 32968**

2. Principal Place of Business 3. Mailing Address
111 43rd Avenue S.W. **114 43rd Avenue S.W.**
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Vero Beach, FL 32968 **Vero Beach, FL 32968**
Zip Country Zip Country
32968 **32968** **32968**

4. FEI Number Applied For
59-3638639 Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
GLENN, GEORGE ESQ Name
7555 20TH ST. Street Address (P.O. Box Number is Not Acceptable)
VERO BEACH FL 32966 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 _____ (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. ☐ **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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARMERIS, KENNETH J		NAME		
STREET ADDRESS	4566 8TH ST.		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL 32968		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BYERS, O. BRYAN		NAME		
STREET ADDRESS	20 DANBURY WALK		STREET ADDRESS		
CITY-ST-ZIP	COUINGTON GA 30016		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: *Kenneth J. Karmaris* *3/15/01* *361-367-6188*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)