

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90194 039 \*\*\*150.00

**DOCUMENT # P00000040070**

1. Entity Name

CCI CONSTRUCTION & DESIGN, INC.



Principal Place of Business

305 MILANO LN

# 109

MELBOURNE FL 32940

Mailing Address

PO BOX 410092

MELBOURNE FL 32941-0092

2. Principal Place of Business

160 Park ave.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Satellite Bch, FL

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3642351

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALTERMAN, ROY A

2115 PALM BAY ROAD NE SUITE 1E

PALM BAY FL 32905

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME CRAWFORD, DANIEL C  
STREET ADDRESS 305 MILANO LN., # 109  
CITY-ST-ZIP MELBOURNE FL 32940

TITLE S  
NAME CRAWFORD, CHRISTINA C  
STREET ADDRESS 305 MILANO LN #109  
CITY-ST-ZIP MELBOURNE FL 32940

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President  
NAME Crawford, Daniel C.  
STREET ADDRESS 160 Park ave.  
CITY-ST-ZIP Satellite Bch, FL 32937

TITLE Secretary  
NAME Crawford, Christina C.  
STREET ADDRESS 160 Park ave.  
CITY-ST-ZIP Satellite Bch, FL 32937

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Christina Crawford

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/03

Date

(321) 779-9689

Daytime Phone #

CR2E034 (10/02)