

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 08, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90146 040 \*\*\*150.00

DOCUMENT # P00000041348

1. Entity Name

CON TECH. BUILDING CORP.

Principal Place of Business

35 N. DIXIE HWY.  
POMPANO BCH FL 33060

Mailing Address

35 N. DIXIE HWY.  
POMPANO BCH FL 33060

2. Principal Place of Business

3. Mailing Address

3822 S. LANICWOOD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DELRAY BEACH FL

Zip

Country

Zip

Country

33445

USA

6. Name and Address of Current Registered Agent

BREWER, ROBERT S.  
35 N. DIXIE HWY.  
POMPANO BCH FL 33060

7. Name and Address of New Registered Agent

Name

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

3822 S. LANICWOOD PL

City

DELRAY BEACH FL

Zip Code

33445

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)

4/30/01

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: PRES  
NAME: Robert S. Brewer ☐ Delete  
STREET ADDRESS: 3822 S. LANICWOOD PL  
CITY-ST-ZIP: DELRAY BEACH FL 33445

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
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CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

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CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ 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)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01

561-7560574

Day

Daytime Phone #

CR2E034 (10/00)