

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90316 040 ***150.00

0090110 AV

DOCUMENT # P00000065154

1. Entity Name

CONSTRUCTION PROFESSIONAL SERVICES OF CENTRAL FLORIDA, INC.

Principal Place of Business

**7164 GREEN NEEDLE DRIVE
WINTER PARK FL 32792**

Mailing Address

**7164 GREEN NEEDLE DRIVE
WINTER PARK FL 32792**

2. Principal Place of Business

1113 Seneca Falls Dr.

Suite, Apt. #, etc.

3. Mailing Address

1113 Seneca Falls Dr.

Suite, Apt. #, etc.

City & State

Orlando, Florida

City & State

Orlando, Florida

4. FEI Number

59-3662831

Applied For

Not Applicable

Zip

32828

Country

Orange

Zip

32828

Country

Orange

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

SEPULVEDA, DELMARIE

**7164 GREEN NEEDLE DRIVE
WINTER PARK FL 32792**

7. Name and Address of New Registered Agent

Name

Delmarie Sepulveda

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

1113 Seneca Falls Dr.

City

Orlando

FL

Zip Code

32828

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, 2002 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 **P** ☐ Delete
NAME **SEPULVEDA, DELMARIE**
STREET ADDRESS **7164 GREEN NEEDLE DR**
CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE **VP** ☐ Delete
NAME **JIMENEZ, ERIC**
STREET ADDRESS **7164 GREEN NEEDLE DR**
CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **SEPULVEDA, DELMARIE**
STREET ADDRESS **1113 SENECA FALLS DR.**
CITY-ST-ZIP **ORLANDO, FL 32828**

TITLE **VP** ☒ Change ☐ Addition
NAME **ERIC M. JIMENEZ**
STREET ADDRESS **1113 SENECA FALLS DR.**
CITY-ST-ZIP **ORLANDO-FL 32828**

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Eric M. Jimenez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/02

Date

407-249-2015

Daytime Phone #

1/21/02 9:07