

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000070640

1. Entity Name  
CONSTRUCTION SPECIALTIES BY SUSAN, INC.

**FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90192 011 \*\*\*150.00

0018424

Principal Place of Business  
3749 QUINBY ISLAND CT  
JACKSONVILLE FL 32224

Mailing Address  
3749 QUINBY ISLAND CT  
JACKSONVILLE FL 32224

3 6 4 6 0 0

2. Principal Place of Business  
13725 Beach Blvd.  
Suite, Apt. #, etc.  
Suite #14  
City & State  
Jacksonville, Fla.  
Zip  
32224  
Country  
Dural

3. Mailing Address  
13725 Beach Blvd.  
Suite, Apt. #, etc.  
Suite #14  
City & State  
Jacksonville, Fla.  
Zip  
32224  
Country  
Dural



DO NOT WRITE IN THIS SPACE

4. FEI Number  
59-3667047

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

HEEKIN, T. GEOFFREY ESQ  
ONE INDEPENDENT DR, STE 2200  
JACKSONVILLE FL 32202

## 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HAGERTY, SUSAN A</b> <b>3749 QUINBY ISLAND CT</b> <b>JACKSONVILLE FL 32224</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE:

*Susan A. Hagerty, President*

1/13/01

904  
821-4003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (10/00)