

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 02, 2003 8:00 am**  
**Secretary of State**

04-02-2003 90115 027 \*\*\*158.75

DOCUMENT # *PO1000006082*

1. Entity Name

CONSTRUCTION CONSULTING & MANAGEMENT  
CORP.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1500 N. University Drive

Suite, Apt. #, etc.

105

City & State

Coral Springs, FL

Zip

33071

Country

USA

3. Mailing Address

1500 N. University Drive

Suite, Apt. #, etc.

105

City & State

Coral Springs, FL

Zip

33071

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1055708

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Andrew S. Yagoda, P.A.

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

269 Giralda Avenue Suite 200

City

Coral Gables

FL

Zip Code

33314

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)

3/21/03

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
President/CEO  
Jason F. Frybergh  
1500 N. University Drive #105  
Coral Springs, FL. 33071

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Vice President  
Lori B. Frybergh  
1500 N. University Drive #105  
Coral Springs, FL. 33071

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Treasurer  
Walter L. Stringfellow  
1500 N. University Drive #105  
Coral Springs, FL. 33071

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*JASON F. FRYBERGH*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/03

Date

954-752-4755

Daytime Phone #

CR2E034B (12/02)