

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 28, 2002 8:00 am**  
**Secretary of State**

04-11-2002 90717 008 \*\*\*150.00

**DOCUMENT # P01000039283**

1. Entity Name  
**COMMUNITY CONSTRUCTION SERVICES, INC.**

Principal Place of Business

**235 LONGWOOD STREET  
LONGWOOD FL 32750**

Mailing Address

**235 LONGWOOD STREET  
LONGWOOD FL 32750**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**159-3699472**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**LEMBRICH, RALPH  
235 LONGWOOD STREET  
LONGWOOD FL 32750**

Name

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

City

**FL**

Zip Code

7. Name and Address of New Registered Agent

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

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 \$550.00  
After September 13, 2002 Fee will be \$750.00  
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 ☐ Delete  
NAME **D LEMBRICH, RALPH**  
STREET ADDRESS **235 LONGWOOD STREET**  
CITY-ST-ZIP **LONGWOOD FL 32750**

TITLE ☐ Delete  
NAME **D LEMBRICH, STEVEN**  
STREET ADDRESS **235 LONGWOOD STREET**  
CITY-ST-ZIP **LONGWOOD FL 32750**

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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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:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

BLUE OX LAND SERVICES, INC.

Attachment

39851

# 001000039283

CHECK DATE

4/5/2002

CHECK NO.

12874

INVOICE	INV DATE	DESCRIPTION	GROSS AMOUNT	ADJUSTMENTS	NET AMOUNT
COMM 02	4/5/2002	2002 UNIFORM BUSINESS R	150.00		150.00
VENDOR NO.		VENDOR NAME	TOTAL GROSS	TOTAL ADJ.	TOTAL NET
DEPTOF		DEPARTMENT OF STATE	150.00		150.00

BLUE OX LAND SERVICES, INC.  
235 N. LONGWOOD ST.  
LONGWOOD, FL 32750

COLONIAL BANK  
2127 West State Road 434  
Longwood, Florida 32779 24 Hr. Banking Call 1-800-225-0643

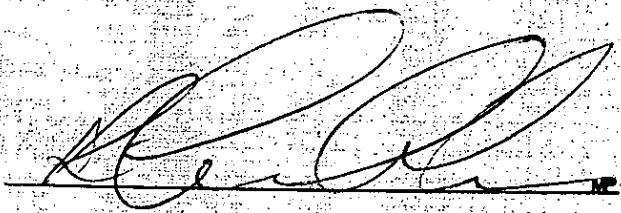
63-1322/631  
01

012874

DATE	CHECK NO.	AMOUNT
4/5/2002	12874	\$150.00

\*\*\*\*\*ONE HUNDRED FIFTY AND XX / 100 DOLLARS\*\*\*\*\*

TO THE ORDER OF  
DEPARTMENT OF STATE



⑈012874⑈ ⑆063113222⑆ ⑆8025969505⑈

BLUE OX LAND SERVICES, INC.

CHECK DATE 4/5/2002

CHECK NO.

12874

INVOICE	INV DATE	DESCRIPTION	GROSS AMOUNT	ADJUSTMENTS	NET AMOUNT
COMM 02	4/5/2002	2002 UNIFORM BUSINESS R	150.00		150.00

0.00

VENDOR NO. VENDOR NAME  
DEPTOF DEPARTMENT OF STATE

TOTAL GROSS  
150.00

TOTAL ADJ.

TOTAL NET  
150.00

*Attachment*  
**Community Construction Services, Inc.**  
235 LONGWOOD STREET  
LONGWOOD, FLORIDA 32750  
407-339-4800 FAX 407-339-4839  
MAINTENANCE SHOP - 407-260-5449

39851

PO100003928

To whom it may concern,

On April 5<sup>th</sup> a check was sent to the Department of State for One  
Hundred and Fifty Dollars, along with the 2002 Uniform Business  
Report Document. We were unaware that the FEI number was not on  
the form. Enclosed is the 2002 (UBR) with Our FEI number, and a copy  
of the check that we have already sent.

Thank you,

Jennifer Smith