

2002 UNIFORM BUSINESS REPORT (UBR)

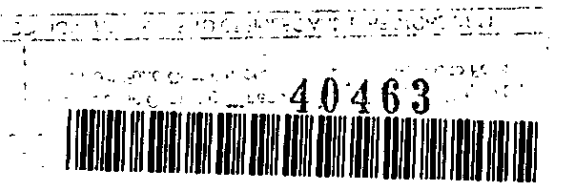
FILED
Aug 04, 2002 8:00 am
Secretary of State

07-17-2002 90114 027 ***150.00

DOCUMENT # P01000070172
1. Entity Name
 CONSTRUCTION DEVELOPMENT CONSULTING OF OSCEOLA C
 OUNTY, INC. ✓

Principal Place of Business 4555 STORY RD
 ST CLOUD FL 34772
Mailing Address 4555 STORY RD
 ST CLOUD FL 34772

2. Principal Place of Business 4555 STORY RD
 Suite, Apt. #, etc.
3. Mailing Address P.O. Box 701326
 Suite, Apt. #, etc.
City & State ST CLOUD FL
City & State ST CLOUD FL
Zip 34772 **Country** USA **Zip** 34772 **Country** Osceola



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 LANE, BILL
 4555 STORY RD
 ST CLOUD FL 34772

4. FEI Number 59-3732725 **Applied For**
 Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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 DPT	<input type="checkbox"/> Delete
NAME LANE, BILL	
STREET ADDRESS P.O. BOX 701326	
CITY-ST-ZIP ST CLOUD FL 34770-1326	
TITLE DS	<input type="checkbox"/> Delete
NAME LANE, BONNIE	
STREET ADDRESS P.O. BOX 701326	
CITY-ST-ZIP ST CLOUD FL 34770-1326	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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** _____ **7-10-02** **907**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **908-6646**
 Date Daytime Phone #

CR2E034 (4/02)

Attachment # PO1000070172
[REDACTED] 40463

July 10, 2002

To: Department of State

Fr: Construction Development Consulting of Osceola County (Bill Lane)

Re: Uniform Business Report

I received a notice to file the UBR in late June, 2002, not in January. I'm sending the normal fee of \$150.00. Hope this works. Thank you/

Bill Lane

