

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90092 030 ***150.00

DOCUMENT # P01000076494

1. Entity Name
CONSTRUCTION CENTRAL CONSULTING CORPORATION

Principal Place of Business

2213 HENNESEN DRIVE
CLEARWATER FL 33764

Mailing Address

2954 COOL BREEZE CIRCLE
ST CLOUD FL 34769



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1320 Louisiana Ave.

3. Mailing Address

1320 Louisiana Ave.

Suite, Apt. #, etc.

Suite D

Suite, Apt. #, etc.

Suite D

City & State

St. Cloud FL

City & State

St. Cloud FL

4. FEI Number

59-373 6182

Applied For

Not Applicable

Zip

34769

Country

Osceola

Zip

34769

Country

Osceola

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THOMAS, KATRINA

2954 COOL BREEZE CIRCLE
ST CLOUD FL 34769

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **THOMAS, JAMES**
STREET ADDRESS **2954 COOL BREEZE CIRCLE**
CITY-ST-ZIP **ST CLOUD FL 34769**

TITLE **P** ☒ Change ☐ Addition
NAME **Thomas, James**
STREET ADDRESS **2954 Cool Breeze Cir.**
CITY-ST-ZIP **St. Cloud FL 34769**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Change ☒ Addition
NAME **West, Paul C.**
STREET ADDRESS **1304 Vermont Ave.**
CITY-ST-ZIP **Tarpon Springs, FL 34689**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SIT** ☐ Change ☒ Addition
NAME **Katrina A. Thomas**
STREET ADDRESS **2954 Cool Breeze Cir.**
CITY-ST-ZIP **St. Cloud FL 34769**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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:

KATRINA A. THOMAS
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Katrina A. Thomas 4/20/02
 Date

Date

Daytime Phone #

407 498 0644

CR2E034 (9/01)