FILED
May 12, 2003 8:00 am
Secretary of State

4

04-18-2003 90175 005 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000084877

1. Entity Name
CONSTRUCTION SERVICES & INSTALLATIONS, INC.

55039955

Principal Place of Business	Mailing Address
1897 HIGH ST LONGWOOD, FL 32750	1897 HIGH ST LONGWOOD, FL 32750

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
2840 W. orange Ave.		2840 W. Orange Ave.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Apopka, FL		City & State: Apopka, FL	
Zip: 32703	Country: ORANGE	Zip: 32703	Country: ORANGE

4. FEI Number 59-3740678 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

BIFERIE, ROBERT L
1870 PROVIDENCE BLVD STE K
DELTONA, FL 32725

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number Is Not Acceptable) 301 N. PINE MEADOWS DR.
SUITE # A
City DEBARY FL Zip Code 32713

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 ________ 4/14/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS DUE NOW ... $150.00 ... After May 1, 2003 ... 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	P	☐ Delete
NAME	LEMIEUX, KEITH B	
STREET ADDRESS	1897 HIGH STREET	
CITY-ST-ZIP	LONGWOOD, FL 32750	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS	2840 W. ORANGE AVE	
CITY-ST-ZIP	APOPKA, FL 32703	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ________
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #