

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2002 8:00 am
Secretary of State

02-17-2002 90040 005 ***150.00

DOCUMENT # P01000085348
1. Entity Name
CONSTRUCTION MANAGEMENT ENTERPRISES, INC.

Principal Place of Business **Mailing Address**
2283 SOUTH COLUMBINE AVENUE **2283 SOUTH COLUMBINE AVENUE**
HOMOSASSA FL 34448 **HOMOSASSA FL 34448**

2. Principal Place of Business **3. Mailing Address**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**

Zip **Country** **Zip** **Country**

4. FEI Number **Applied For**
59-3729525 **Not Applicable**

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

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

7. Name and Address of New Registered Agent

Name **Denise L. Snyder**
Street Address (P.O. Box Number is Not Acceptable)
2283 S. Columbine Ave.
City **Homosassa** **FL** **Zip Code** **34448**

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 *Denise L. Snyder* **DATE** *1/28/02*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	SNYDER, DAVID Z	
STREET ADDRESS	2283 SOUTH COLUMBINE AVENUE	
CITY-ST-ZIP	HOMOSASSA FL 34448	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PVD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Snyder, David Z.	
STREET ADDRESS	2283 S. Columbine Ave.	
CITY-ST-ZIP	Homosassa, Florida 34448	
TITLE	TS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Snyder, Denise L.	
STREET ADDRESS	2283 S. Columbine Ave.	
CITY-ST-ZIP	Homosassa, Florida 34448	
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 another like empowered.

SIGNATURE: *Denise L. Snyder Sec/Tx.* **DATE** *1/28/02* **Daytime Phone #** *352-621-4973*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)