

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90129 011 \*\*\*150.00

**DOCUMENT # P02000029415**

1. Entity Name  
**CONSTRUCTION RESOURCE TECHNOLOGY, INC.**



Principal Place of Business  
**405 20TH AVE.  
VERO BCH FL 32960**

Mailing Address  
**405 20TH AVE.  
VERO BCH FL 32960**



2. Principal Place of Business

**1515 Indian River Blvd.**

3. Mailing Address

**1515 Indian River Blvd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**A-222**

**A-222**

City & State

City & State

**VERO BEACH, FL.**

**VERO BEACH, FL.**

Zip

Country

Zip

Country

**32960**

**USA**

**32960**

**USA**

4. FEI Number

**90-0017117**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FECCA, MICHAEL A  
405 20TH AVE.  
VERO BCH FL 32960**

Name

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

**1515 Indian River Blvd.**

**A-222**

City

**VERO BEACH,**

**FL**

Zip Code

**32960**

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, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**3/19/03**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |   |                                 |
|--|---|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>CEOD<br/>FECCA, MICHAEL A<br/>405 20TH AVE.<br/>VERO BCH FL 32960</b>    | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>CEOD<br/>LAMELZA, JAMES<br/>405 20TH AVE.<br/>VERO BCH FL 32960</b>      | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>CEOD<br/>SPARACIO, CHRISTINE<br/>405 20TH AVE.<br/>VERO BCH FL 32960</b> | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |

|  |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>1515 Indian River Blvd. A-222<br/>VERO BEACH, FL. 32960</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>1515 Indian River Blvd. A-222<br/>VERO BEACH, FL. 32960</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>1515 Indian River Blvd. A-222<br/>VERO BEACH, FL. 32960</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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:

**NOTICE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/19/03 888-586-7613**

Date

Daytime Phone #

CR2E034 (10/02)