

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90114 014 ***150.00

DOCUMENT # P02000108258

1. Entity Name
FLORIDA CONSTRUCTION MANAGEMENT SERVICES INC.



Principal Place of Business
509 AVE B. NE
WINTERHAVEN FL 33881

Mailing Address
509 AVE B. NE
WINTERHAVEN FL 33881

2. Principal Place of Business

509 AVE B. NE

Suite, Apt. #, etc.

3. Mailing Address

509 AVE B. NE

Suite, Apt. #, etc.

City & State

Winterhaven FL 3

City & State

Winterhaven FL

Zip

Country

33881

Polk

Zip

Country

33881

Polk

4. FEI Number

134 206971

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

BARTON, DAN J
509 AVE B, NE
WINTERHAVEN FL 33881

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE **PST** ☐ Delete
NAME **BARTON, DAN J**
STREET ADDRESS **509 AVE B, NE**
CITY-ST-ZIP **WINTERHAVEN FL 33881**

TITLE **VP** ☐ Delete
NAME **Christopher Palmer**
STREET ADDRESS **214 Killington way**
CITY-ST-ZIP **Orlando, FL 32835**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
CITY-ST-ZIP

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

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CITY-ST-ZIP

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

Dan J Barton, Pres

Date

1-7-03

Daytime Phone #

321-331-9568

CR2E034 (10/02)