

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 09, 2006 8:00 am**  
**Secretary of State**

05-09-2006 90084 030 \*\*\*150.00

DOCUMENT # **P03000105107**

1. Entity Name

SYSTEM CONSTRUCTION MANAGEMENT, INC.

**DO NOT WRITE IN THIS SPACE**

40089921

2. Principal Place of Business

17180 S.W. 49TH PLACE

3. Mailing Address

17180 S.W. 49TH PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIRAMAR, FL

City & State

4. FEI Number

13-4266219

Applied For

Not Applicable

Zip

Country

Zip

Country

33027-4919

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

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

City

FL

Zip Code

**DO NOT WRITE  
IN THIS SPACE**

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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.

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRESIDENT  
SHELDON MORANT  
17180 SW 49TH PLACE  
MIRAMAR, FL 33027

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VICE PRESIDENT  
VALERIE MORANT  
17180 SW 49TH PLACE  
MIRAMAR, FL 33027

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Sheldon C. Morant* SHELDON MORANT- PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/2006

786-285-7438

Date *4/24/06* Daytime Phone #