## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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SIGNATURE:



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Secretary of Stat	te

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CONSTRUCTION CONTROL SERVICE	ES CORPORATION		09-08-2003 90144 (	330.00
Principal Place of Business 1221 BRICKELL AVENUE	Mailing Address 115 W. MAIN STREET			
SUITE 923 Miami FL 33131	DURHAM NC 27701			
2. Principal Place of Business 3/10 SOUTH OCEAN DR.	3. Mailing Address	· TV (	- -	
Suite, Apt. #, etc.  SUITE 1614	Suite, Apt. #, etc.		CHECK HERE IF MAKI	
City & State HALLANDACE, FL	Du RHm, N		4. FEI Number 95-3654998	Applied For Not Applicable
Zip 3-009 - Country	27701	untry	5. Certificate of Status Desired.	\$8.75 Additional Fee Required
6. Name and Address of Current	Hegistered Agent	Name 4	7. Name and Address of New Registere	d Agent
ROHADFOX, RODERICK E		KE	BEKAH JOY ROHAT P.O. Box Number is Not Acceptable)	
1221 BRICKELL AVENUE			P.O. Box Number is Not Acceptable) DR-	
SUITE 923		Su	ITE 1614	
MIAMI FL 33131		City HA	LLANDALE F	L Zing Cade 00 9
<ol><li>The above named entity submits this statement for the obligations of registered agent.</li></ol>	r the purpose of changing its registe		<u> </u>	m familiar with, and accep
SIGNATURE REBEKAT JOY I Signature, typed or printed name of registered agent	loffA) Fox Ruh and title if applicable. (NOTE: Regist	Abuka Co ered Agent signaffre required	what 9/3 divinen reinstation DAN	103
FILE NOW!!! FEE IS \$550.00  After September 10, 2003 Fee will be \$750  Make Check Payable to Florida Department of			Election Campaign Financing     Trust Fund Contribution.	\$5.00 May Be Added to Fees
10. OFFICERS AND	DIRECTORS 1	1	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 1]
TITLE P	☐ Delete TI		ESIDENT	☐ Change ☑ Additio
NAME ROHADFOX, RONALD O		AME REC	BEKAH JOY ROHADFOX	
STREET ADDRESS 115 W. MAIN STREET CITY-ST-ZIP DURHAM NC 27701		TREET ADDRESS	RHAM, NC 27701	/
TITLE D	Delete Ti	-	LIP HAYES - DIRECTOR	Change MAdditio
NAME BRYANT, CECIL	N N	AME	" W MAIN ST-	
STREET ADDRESS 115 W. MAIN STREET		THE CT / SOUTH COLO	•	
CITY-SI-ZIP DURHAM NC 27701.	<del></del>		1 R.H.AWN, NC_2=7701-	
TITLE D NAME DUKES, WALTER		AME		☐ Change ☐ Addition
STREET ADDRESS 115 W. MAIN STREET		TREET ADDRESS		
CITY-ST-ZIP DURHAM NC 27701		ITY-ST-ZIP		
TITLE . D		TLE		☐ Change ☐ Additio
NAME LEE, VALERIA STREET ADDRESS 115 W MAIN ST	<b>a</b>	AME FREET ADDRESS		
CITY-ST-ZIP DURHAM NC 27701	1	ITY-ST-ZIP		
TITLE	☐ Delete TI	TLE	<del></del>	☐ Change ☐ Additio
NAME	N/	AME		
STREET ADDRESS		TREET ADDRESS		
CITY-ST-ZIP	·	TY-ST-ZIP	<del></del>	
TITLE NAME		TLE AME		☐ Change ☐ Addition
STREET ADDRESS		REET ADDRESS		
CITY-ST-ZIP	CI	TY-ST-ZIP		
12. I hereby certify that the information supplied with indicated on this report or supplemental report is of the corporation or the receiver or trustee empo- changed, or on an attachment with an address, v	strue and accurate and that my sign owered to execute this report as requ	nature shall have the s	same legal effect as if made under oath: that	I am an officer or director