2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State
05-31-2000 90011 011 ***150.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # P92000007914

1. Entity Name

CONTINENTAL CONSTRUCTION & MAINTENANCE, INC.

Principal Place of Business	Mailing Address
6401 CONGRESS AVENUE SUITE 205 BOCA RATON FL 33487 US	6401 CONGRESS AVENUE SUITE 205 BOCA RATON FL 33487-2841 US

2. Principal Place of Business	3. Mailing Address
5814 NW 24th TERRACE	5814 NW 24th TERRACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BOCA RATON, FL	City & State: BOCA RATON, FL
Zip: 33496 Country:	Zip: 33496 Country: USA

4. FEI Number 65-0388148 — Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

WHITEHILL, STEVEN
6401 CONGRESS AVENUE
SUITE 205
BOCA RATON FL 33487

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) 5814 NW 24 TERRACE

City BOCA RATON FL Zip Code 33496

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 [signature] DATE 4/27/2000

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, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PVST	☐ Delete
NAME	WHITEHILL, STEVEN	
STREET ADDRESS	6401 CONGRESS AVENUE, SUITE 205	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	☐ Delete
NAME	WHITEHILL, STEVEN	
STREET ADDRESS	6401 CONGRESS AVENUE, SUITE 205	
CITY-ST-ZIP	BOCA RATON FL	
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		

12. 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		
TITLE		☐ Change ☐ Addition
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STREET ADDRESS		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (9/99)

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 all other like empowered.

SIGNATURE: [signature] Date 4/27/2000 Daytime Phone # 561-995-9902

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR