

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000004073

1. Entity Name

CORNERSTONE CONSTRUCTION GROUP, INC.

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90074 014 ***158.75

Principal Place of Business

Mailing Address

~~2803 W. BUSCH BLVD~~
~~SUITE 107~~
TAMPA FL 33618
US

~~2803 W. BUSCH BLVD~~
~~SUITE 107~~
TAMPA FL 33618-2419
US

2. Principal Place of Business

13801 N. Dale Mabry Hwy
Suite, Apt. #, etc.

Suite # 200

City & State
Tampa, FL

Zip
33618

Country
Hillsborough

3. Mailing Address

13801 N. Dale Mabry Hwy
Suite, Apt. #, etc.

Suite 200

City & State
Tampa, FL

Zip
33618

Country
Hillsborough



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3159623

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOINS, ALLEN
2803 W. BUSCH BLVD.
SUITE 107
TAMPA FL 33618

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 PT ☐ Delete
NAME GOINS, ALLEN
STREET ADDRESS 2803 W. BUSCH BLVD., SUITE 107
CITY-ST-ZIP TAMPA FL

TITLE VPS ☐ Delete
NAME GOINS, BONNIE
STREET ADDRESS 13928 SHADY SHORES DR
CITY-ST-ZIP TAMPA FL

TITLE VPA ☐ Delete
NAME CORR, STEPHANIE G
STREET ADDRESS 4713 W NEPTUNE STREET
CITY-ST-ZIP TAMPA FL 33629

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
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/2000

Date

813/265-4500

Daytime Phone #