

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90033 009 ***150.00

DOCUMENT # P93000014555

1. Entity Name
CONSTRUCTION SERVICES AND CONSULTANTS, INC.

Principal Place of Business
~~1325 S. CONGRESS AVE~~
~~SUITE 100~~
~~BOYNTON BEACH FL 33426~~

Mailing Address
~~1325 S. CONGRESS AVE~~
~~SUITE 100~~
~~BOYNTON BEACH FL 33426~~



2. Principal Place of Business *2201 West Atlantic Ave* **3. Mailing Address** *2201 W. Atlantic Ave*
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State *Delray Beach, FL* **City & State** *Delray Bch, FL*
Zip *33483* **Country** *USA* **Zip** *33483* **Country** *USA*

4. FEI Number **65-0394459** **Applied For**
 \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 GOLDBURG, RONALD W *OK*
~~1325 S. CONGRESS AVE~~
~~SUITE 100~~
~~BOYNTON BEACH FL 33426~~

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable) *2201 W. Atlantic Ave*
 City *Delray Bch* **FL** **Zip Code** *33483*

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 _____ (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.

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	CEOS <i>OK</i> GOLDBURG, RONALD W <i>OK</i> 1325 S. CONGRESS AVE BOYNTON BEACH FL 33426	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <i>OK</i> NUCCILLI, MARK <i>OK</i> 1325 S. CONGRESS AVE BOYNTON BEACH FL 33426	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>2201 W. Atlantic Ave</i> <i>Delray Bch FL 33483</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>2201 W. Atlantic Ave</i> <i>Delray Bch FL 33483</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* **REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E034 (9/01)