

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2000 8:00 am
Secretary of State
 03-13-2000 90066 044 ***158.75

DOCUMENT # P93000041837

1. Entity Name
CONSTRUCTION MANAGEMENT CONSULTING GROUP, INC.

Principal Place of Business 7958 LINKSIDE DR. JACKSONVILLE FL 32256	Mailing Address 7958 LINKSIDE DR. JACKSONVILLE FL 32256-1831
---	--

2. Principal Place of Business 9132 CYPRIUS GREEN LON.	3. Mailing Address P.O. BOX 551571
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State JAX., FL.	City & State JAX., FL.
Zip 32256	Country U.S.A.
Country U.S.A.	Zip 32255-1571
Country U.S.A.	Country U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3185405	Applied For ☒
	Not Applicable ☐

5. Certificate of Status Desired 314	\$8.75 Additional Fee Required
--	---------------------------------------

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROOKS, MICHAEL L
437 E MONROE ST
SUITE 202
JACKSONVILLE FL 32202

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 *Stuart A. Gregory* DATE 3/9/00
Signature, typed or printed name of registered agent and date 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PPST GREGORY, STUART A 7958 LINKSIDE DR. JACKSONVILLE FL 32256	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: *Stuart A. Gregory* **3/9/00** **(904) 448-2007**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)