

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P93000041837**

1. Entity Name

CONSTRUCTION MANAGEMENT CONSULTING GROUP, INC.**FILED**
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90057 001 ***150.00

0459217

Principal Place of Business

**9132 CYPRIUS GREEN
JACKSONVILLE FL 32256
US**

Mailing Address

**PO BOX 551571
JACKSONVILLE FL 32255-1571
US**

2. Principal Place of Business

9132 Cypress Green Dr.

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3185405**

Applied For

☒ Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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, 2001 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	PPST	☐ Delete
NAME	GREGORY, STUART A	
STREET ADDRESS	7958 LINKSIDE DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32256	

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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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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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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 supplementary 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

3/19/01 (904) 442-2007
Date Daytime Phone #

CR2E034 (10/00)