

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000085553

1. Entity Name

CONSTRUCTION CONSULTING & ENGINEERING, INC.

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90053 043 ***150.00

Principal Place of Business

6112 SOURWOOD WAY
 BARTOW FL 33830

Mailing Address

6112 SOURWOOD WAY
 BARTOW FL 33840-1756

2. Principal Place of Business

316 ROZENA LOOP

3. Mailing Address

316 ROZENA LOOP

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HAUANA, FL.

City & State

HAUANA, FL

4. FEI Number

59-3279800

Applied For

Not Applicable

Zip

Country

32333

USA

Zip

Country

32333

USA.

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANDRAS, JOHN
 6112 SOURWOOD WAY
 BARTOW FL 33830

Name

ANDRAS, JOHN

Street Address (P.O. Box Number is Not Acceptable)

316 ROZENA LOOP

City

HAUANA,

FL

Zip Code

32333

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME D
 STREET ADDRESS ANDRAS, JOHN
 CITY-ST-ZIP 6112 SOURWOOD WAY
 BARTOW FL 33830

TITLE ☒ Change ☐ Addition
 NAME D.
 STREET ADDRESS ANDRAS, JOHN
 CITY-ST-ZIP 316 ROZENA LOOP
 HAUANA, FL. 32333

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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 CITY-ST-ZIP

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 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:

John Andras
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MARCH 4, 2000 850-539-6945

CR2E034 (9/99)