2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

FILED May 16, 2000 8:00 am Secretary of State DOCUMENT # **P94000092935** 1. Entity Name CENTRAL CONSTRUCTION SERVICES, INC. 05-16-2000 90181 006 ***150.00 Principal Place of Business Mailing Address 6295 147TH AVENUE NORTH NORTH P.O. BOX 1641 LARGO FL 33779-1641 CLEARWATER FL 33760 a British Alberta and Alberta 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0537477 Not Applicable Country Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name AKINS, GARY O Street Address (P.O. Box Number is Not Acceptable) 3746 136TH AVENUE LARGO FL 34641_33773 Zip Code City 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, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550,00 Toy filling requirement and electate do so Added to Fees Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE [] Addition TITLE AKINS, GARY O NAME NAME STREET ADDRESS **3746 136TH AVENUE NO** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LARGO FL 94841 33773 ☐ Change ☐ Addition ☐ Delete TITLE TITLE AKINS, CHARLIE B NAME 11744 127TH AVENUE NO STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LARGO FL 33778 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.