

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90134 021 ***150.00

DOCUMENT # P95000050529

1. Entity Name
CONSTRUCTION MATERIALS INTERNATIONAL, INC.



Principal Place of Business
**4320 W KENNEDY BLVD
SUITE 100
TAMPA FL 33609
US**

Mailing Address
**P.O. BOX 10637
TAMPA FL 33679
US**



2. Principal Place of Business
200 S. Hoover

3. Mailing Address
PO Box 10637

Suite, Apt. #, etc.
Bldg. 215, Ste. 120

Suite, Apt. #, etc.

City & State
Tampa, FL

City & State
Tampa, FL

Zip Country
33609 Hillsborough

Zip Country
33679 Hillsborough

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3324314**

Applied For
Not Applicable

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

**MITCHELL, GEORGE
4939 ST CROIX DR
TAMPA FL 33627**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-9-03

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Delete
**P BATISTA, MICHAEL
STREET ADDRESS 9102 REGENTS PARK DR.
CITY-ST-ZIP TAMPA FL**

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

TITLE NAME ☐ Delete
**VP MITCHELL, GEORGE
STREET ADDRESS 4939 ST. CROIX DR
CITY-ST-ZIP TAMPA FL 33627**

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

TITLE NAME ☐ Delete
**STREET ADDRESS
CITY-ST-ZIP**

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

12. 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 10 or Block 11 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

1-9-03 83-287-8265
Date Daytime Phone #

CR2E034 (10/02)