

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000070752 (2000)-03

1. Entity Name

Construction Concepts of Southwest Florida, Inc.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 APR -4 PM 4:25

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1239 Porter Road

3. Mailing Address

P.O. Box 1742

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Building #5, Garden Industrial Park

DO NOT WRITE IN THIS SPACE

City & State

Sarasota, FL

City & State

Nokomis, FL

4. FEI Number

65-0613697

Applied For

Not Applicable

Zip
34240

Country
USA

Zip
34274

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Marvin Y. Langer

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

1239 Porter Road, Bldg. #5, Garden Industrial Park

City Sarasota

FL

Zip Code
34240

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)

DATE

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME P/S Eric M. Langer, P.O. Box 1742, Nokomis
STREET ADDRESS Florida, 34274
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-24-03

941-379-6226

Date

Daytime Phone #

CR2E034B (12/02)

4/14/03