

2000 UNIFORM BUSINESS REPORT (UBR)

8/22/00-90234-040-\$150.00-\$150.00

DOCUMENT # p95000075244

1. Entity Name Construction Management Services, Inc

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 25 PM 3:05

Principal Place of Business Mailing Address

7305 W Sample Rd #201 Po Box 970696
Coral Springs, FL 33065 Boca Raton, FL 33497

2. Principal Place of Business 3. Mailing Address

7305 W Sample Rd Po Box 970696
Suite, Apt. #, etc. Suite, Apt. #, etc.
#201

City & State City & State

Coral Springs FL Boca Raton, FL
Zip Country Zip Country
33065 USA 33497 USA

4. PFI Number Applied For

650611900 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

Donna Pulik Name Donna Nocero
40 NE 7th Ave 3rd Fl Street Address 7305 W Sample Rd #201
Delray Beach, FL 33483 City Coral Springs FL Zip 33065

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 DNocero Donna Nocero 7/31/00
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	<u>Director</u> <input checked="" type="checkbox"/> Delete	TITLE	<u>Director</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>Donna Pulik</u>	NAME	<u>Donna Nocero</u>
STREET ADDRESS	<u>40 NE 7th Ave 3rd Fl</u>	STREET ADDRESS	<u>Po Box 210094</u>
CITY-ST-ZIP	<u>Delray Beach, FL 33483</u>	CITY-ST-ZIP	<u>W. Palm Beach, FL 33411-0094</u>
TITLE	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<u>Donna Nocero</u>
STREET ADDRESS		STREET ADDRESS	<u>7305 W Sample Rd #201</u>
CITY-ST-ZIP		CITY-ST-ZIP	<u>Coral Springs, FL 33065</u>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE: DNocero Donna Nocero 7/31/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

Attachment
DOC. # P95000075244
A0073989



Construction Management Services, Inc.

P. O. Box 970696, Boca Raton, Florida 33497
(561) 451-9009 * Fax (561) 218-5594
cmsoffl@aol.com

August 16, 2000

Division of Corporations

Re: Resubmission of Application
Construction Management Services, Inc.
EIN # 65-0611900

Per my conversation with your office, enclosed please find our 2000 Uniform Business Report. Your system did not reflect our new address so we did not receive the renewal on time. I was sent this new form and told that I could still pay the \$150.00 fee.

Thank you for your help in this matter. If you have any questions, please contact me at 561-662-1038.

Sincerely,

A handwritten signature in dark ink, appearing to read "Donna Nocero", written over a horizontal line.

Donna Nocero
President