

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90005 035 ***550.00

DOCUMENT # P95000087808
1. Entity Name
 CONSTRUCTION EDUCATION CONCEPTS, INC.

Principal Place of Business **Mailing Address**
 1020 N.W. 13th Street 1020 N.W. 13th Street
 Gainesville, FL 32601 Gainesville, FL 32601

2. Principal Place of Business **3. Mailing Address**
 1020 N.W. 13th Street same
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**
 Gainesville, FL 32601
Zip **Country** **Zip** **Country**
 32601 Alachua

4. FEI Number **Applied For**
 59-3352569 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 Michael L. Brewer, Esq.
 500 Canal Street
 New Smyrna Beach, FL 32168

7. Name and Address of New Registered Agent
 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.

SIGNATURE _____ (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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE	D	<input type="checkbox"/> Delete
NAME	Richard J. Coble	
STREET ADDRESS	1020 N.W. 13th Street	
CITY-ST-ZIP	Gainesville, FL 32601	<input type="checkbox"/> Delete
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	Brennon J. Coble	
STREET ADDRESS	109 N.W. 20th Street	
CITY-ST-ZIP	Gainesville, FL 32603	<input checked="" type="checkbox"/> Delete
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	Brent R. Elliott	
STREET ADDRESS	109 N.W. 20th Street	
CITY-ST-ZIP	Gainesville, FL 32603	<input type="checkbox"/> Delete
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: 

Sept. 12, 2000 (352) 376-1228

CR2E034 (5/00)