


FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90215 042 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

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



90104259

Principal Place of Business
 1020 NW 13TH ST.
 GAINESVILLE, FL 32601

Mailing Address
 P.O. BOX 13395
 GAINESVILLE, FL 32604-1395

2. Principal Place of Business
110 Wisteria Drive
 Suite, Apt. #, etc.

3. Mailing Address
500 Canal Street
 Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State
Longwood, FL

City & State
New Smyrna Beach, FL

4. FEI Number
59-3352569

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
BREWER, MICHAEL L
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent's signature required when registering)

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 STREET ADDRESS CITY-ST-ZIP	P COBLE, RICHARD J P.O. BOX 13395 GAINESVILLE, FL 326041395	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 110 Wisteria Drive Longwood, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **4-22-03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard J. Coble

CR2E03A (1/0/02)