

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000088197

1. Entity Name

CONSTRUCTION MATRIX, INC.

**FILED**  
**Apr 04, 2000 8:00 am**  
**Secretary of State**

04-04-2000 90101 002 \*\*\*150.00

Principal Place of Business

Mailing Address

7710 ANN BALLARD RD.  
TAMPA FL 33634  
US

7710 ANN BALLARD RD.  
TAMPA FL 33634-2333  
US

2. Principal Place of Business

3. Mailing Address

18414 KEYSTONE GROVE BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
ODESSA, FL

City & State

Suite

Zip

33556

Country

HILLSBOROUGH

Zip

Country

4. FEI Number

59-3345243

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

SOUTH, DANA B  
6006 HANLEY ROAD  
TAMPA FL 33634

Name

DANA B. SOUTH

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

18414 KEYSTONE GROVE BLVD.

City

ODESSA

FL

Zip Code

33556

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/30/00

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 DPT  
NAME SOUTH, DANA B  
STREET ADDRESS 7710 ANN BALLARD RD.  
CITY-ST-ZIP TAMPA FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE DVPS  
NAME COLLETTE, ROLAND  
STREET ADDRESS 7710 ANN BALLARD RD.  
CITY-ST-ZIP TAMPA FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP

☐ Delete

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☐ Change ☐ Addition

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☐ Delete

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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/30/00 813-926-2106

CR2E034 (9/99)