

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000001658**

1. Entity Name

CONSTRUCTION MARKETING AND MANAGEMENT, INC.**FILED**
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90199 031 ***150.00

Principal Place of Business

Mailing Address

~~1104 92ND ST NW~~
~~BRADENTON FL 34209~~1104 92ND ST NW
BRADENTON FL 34209-8313OPS - This
is OK**B0007570**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1104 92ND ST NW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BRADENTON FL

City & State

4. FEI Number

65-0643363

Applied For

Not Applicable

Zip

34209

Country

MASTATE

Zip

Country

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

OSMOND, J M
1104 92ND ST NW
BRADENTON FL 34209

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

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 State10. 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 P ☐ Delete
NAME OSMOND J MICHAEL
STREET ADDRESS 1104 92ND ST NW
CITY-ST-ZIP BRADENTON FL 34209TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE D ☒ Delete
NAME OSMOND JAMES L
STREET ADDRESS 4002 - 28RD AVENUE WEST
CITY-ST-ZIP BRADENTON FL 34205TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/00

(941)

750 6771

Date

Daytime Phone #