

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000028775

1. Entity Name

COST CONSTRUCTION & INVESTMENTS, INC.

FILED
Mar 09, 2000 8:00 am
Secretary of State

03-09-2000 90087 037 ***150.00

Principal Place of Business 1014 W. DREW ST. LANTANA FL 33462	Mailing Address 1014 W. DREW ST. LANTANA FL 33462-3970
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2. Principal Place of Business 2199 Hypoluxo Rd. Suite, Apt. #, etc.	3. Mailing Address 2199 Hypoluxo Rd. Suite, Apt. #, etc.
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City & State Lantana, FL	City & State Lantana, FL	4. FEI Number 65-0653772	Applied For <input type="checkbox"/> Not Applicable
Zip 33462	Country USA	Zip 33462	Country USA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent COST, RONALD W 1014 W. DREW ST. LANTANA FL 33462	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2199 Hypoluxo Rd. City Lantana FL Zip Code 33462
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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 *Ronald W. Cost* **RONALD W. COST** **3-7-00**
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 NAME STREET ADDRESS CITY-ST-ZIP	D COST, RONALD W 1014 W. DREW ST. LANTANA FL 33462 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2199 Hypoluxo Rd. Lantana, FL 33462 <input checked="" 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
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

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: *Ronald W. Cost* **RONALD W. COST** **3-7-00** **(561) 582-4639**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)