

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-27-2001 90048 029 ***150.00

DOCUMENT # P98000027321

1. Entity Name

CONSTRUCTION SERVICES, GENERAL CONTRACTORS, INC.

Principal Place of Business

**1560-09 CAPITAL CIRCLE N.W.
TALLAHASSEE FL 32303**

Mailing Address

**1560-09 CAPITAL CIRCLE N.W.
TALLAHASSEE FL 32303**

2. Principal Place of Business

902 N. DUVAL ST.

Suite, Apt. #, etc.

3. Mailing Address

902 N. DUVAL ST.

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Tallahassee, FL

Zip

Country

32303

LEON

Zip

Country

32303

LEON

4. FEI Number

59-3500720

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

Name

**ALLISON, WILLIAM E JR
1560-09 CAPITAL CIRCLE N.W.
TALLAHASSEE FL 32303**

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

902 N. DUVAL STREET

City

Tallahassee

FL

Zip Code

32303

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, 2001 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 **D** ☐ Delete
NAME **ALLISON, WILLIAM E JR**
STREET ADDRESS **3160 TIPPERARY DRIVE**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **P** ☒ Change ☐ Addition
NAME **2305 Killearn Center Blvd. Apt. D-74**
STREET ADDRESS **Tallahassee, FL 32308**
CITY-ST-ZIP **Tallahassee, FL 32308**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

William E. Allison

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-01 (850) 575-4300

Date

Daytime Phone #

CR2E034 (10/00)