

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2002 8:00 am
Secretary of State

03-04-2002 90004 049 ***150.00

DOCUMENT # P98000041903

1. Entity Name

C.T.L. BUILDING AND CONSTRUCTION SERVICES, INC.

Principal Place of Business

**1830 SOUTH WEST 51ST TERRACE
 PLANTATION FL 33317
 US**

Mailing Address

**1830 SOUTH WEST 51ST TERRACE
 PLANTATION FL 33317
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0834929

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**FITZGERALD, THOMAS G
 1830 SOUTH WEST 51ST TERRACE
 PLANTATION FL 33317**

7. Name and Address of New Registered Agent

Name **CAROLINE E. FITZGERALD**

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

1830 S.W. 51ST TERR

City **Plantation**

FL

Zip Code **33317**

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 **Caroline E. Fitzgerald**

CAROLINE E. FITZGERALD

2/9/02

Signature, typed or printed name of registered agent and fee 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, 2002 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

TITLE **P** ☐ Delete
 NAME **FITZGERALD, THOMAS G**
 STREET ADDRESS **1830 SW 51 TERRACE**
 CITY-ST-ZIP **PLANTATION FL 33317**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
 NAME **CAROLINE E. FITZGERALD**
 STREET ADDRESS **1830 SW 51 TERR**
 CITY-ST-ZIP **PLANTATION FL 33317**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: **CAROLINE E. FITZGERALD**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CAROLINE E. FITZGERALD **2/9/02**
 Date Daytime Phone #

CR2E034 (9/01)