

2000 UNIFORM BUSINESS REPORT (UBR)

5/5/0

FILED

Jun 26, 2000 8:00 am
Secretary of State

06-26-2000 90001 032 ****25.00
05-05-2000 90109 016 ***125.00

DOCUMENT # P98000064681

1. Entity Name
CONSTRUCTION CONSULTING AND INSPECTIONS, INC.

Principal Place of Business
**NW 53RD ST
FL 33354**

Mailing Address
**2600 SW 130TH TERR.
DAVIE FL 33330-1230
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
**2050 N. ANDREWS AVE EXT.
Suite, Apt. #, etc.
#102
City & State
POMPANO BEACH
Zip
33069
Country
FLORIDA**

3. Mailing Address
**Remains Same As
Above.
City & State
Zip
Country**

4. FEI Number **65-0869034** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required ☐

6. Name and Address of Current Registered Agent
**GRASS, GARY R
2600 SW 130TH TERR.
DAVIE FL 33330**

7. Name and Address of New Registered Agent
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 (NOTE: Registered Agent signature required when reinstating) DATE **4/25/00**

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 NAME STREET ADDRESS CITY-ST-ZIP	D GRASS, GARY R 2600 SW 130TH TERR. DAVIE FL 33330	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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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: DATE **4/25/00** DAYTIME PHONE # **954-972-3200**

CR2E034 (9/99)