

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000087031**

1. Entity Name

CONSTRUCTION SOLUTIONS UNLIMITED, INC.



FILED

03 OCT 30 PM 5:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**140 SE 3RD ST
DEERFIELD BEACH FL 33441**

Mailing Address
**140 SE 3RD ST
SUITE B
DEERFIELD BEACH FL 33441**

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 **65-0875511**

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

P
CAMPANA, MATTHEW
7542 SAN SEBASTIAN
BOCA RATON FL 33433

Name

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

980024287889
10/30/03--01039--018 **750.00

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE 
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **10/26/03**

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **CAMPANA, MATTHEW V**
STREET ADDRESS **7542 SAN SEBASTIAN DRIVE**
CITY-ST-ZIP **BOCA RATON FL 33433**

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/26/03 (954)419-9807

Date

Daytime Phone #

0098916
AV

CR2E034 (4/03)