2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000088406**

COMMERCIAL CONSTRUCTION CONSULTANTS, INC.

Principal Place of Business

Mailing Address

- GARDEN LAKE DRIVE-WINTERSET S.E. HAVEN FL 33884

1716 GARDEN LAKE DRIVE-WINTERSET S.E. WINTER HAVEN FL 33884

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FILED

Mar 02, 2000 8:00 am Secretary of State

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| 2. Principal P | lace of Business | 3. Mailing Address | | | | | | | | | | | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | | DO NOT WE | RITE IN THIS | SPACE | | | | |
| City & State | е | City & State | | | 4. F | 4. FEI Number 59-35377 | | 22 | | Applied For Not Applicable | | | |
| Zip | Country | Zip Cour | | ıtry 5. | | Certificate of Status Desired | | | | .75 Additional Required | | | |
| | 6. Name and Address of Current Re | egistered Agent | | | 7. 1 | lame and A | ddress of New | Registered | Agent | <u> </u> | | | |
| | | | | | Name | | | | | | | | |
| 1716 | h, anna m Garden lake dr-Winterset se 'Er haven fl 33884 | | ļ | Street Addre | ss (P.O. B | ox Number | s Not Acceptab | ole) | | | | | |
| ***** | ENTERVENT E 3335 Y | | City | | 4,,, | | FI | Zi | o Code | <u> </u> | | | |
| 9. This corpo Tax filing ro (See criter | /!!! FEE I | Agent signature req \$ \$150.00 Vill be \$550.0 partment of | 00 | 10. Elect | ion Campaign f Fund Contribut | _ | | | May Be to Fees | | | | |
| 11. | ia on back) | <u> </u> | 12. | | | L DITIONS/C | HANGES TO O | FEICERS AN | ID DIRE | CTORS | IN 11 | l | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD SMITH, ANNA M 1716 GARDEN LAKE DRIVE-WINTE WINTER HAVEN FL 33884 | TITLE NAME STREE | | | | | | □ CI | | Addition | (00/0) rootio | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V Delete T SMITH, THOMAS E 1716 GARDEN LAKE DRIVE-WINTERSET S.E. | | | | | ☐ Change ☐ Addition | | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | | i | · · · · · · | | | | □ CI | nange | Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | | L | | ··· | | | CI | nange | Addition | | |
| TITLE Name Street Address City-St-Zip | | □ Delete | | i i | | | | | □ cı | nange | Addition |) | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | portify that the information currelled with the | ☐ Delete | CITY- | T ADDRESS ST-ZIP | Cochie | 110.07/2\/\\ | Elocido Ctore | - بمطايدة | CI | | Addition | | |

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.