

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000092637

1. Entity Name

CONSTRUCTION ENGINEERING GROUP, INC.

FILED

May 30, 2000 8:00 am
Secretary of State

05-30-2000 90064 043 ***150.00

Principal Place of Business

398-B N HARBOR CITY BLVD
MELBOURNE FL 32935

Mailing Address

398-B N HARBOR CITY BLVD
MELBOURNE FL 32935

2. Principal Place of Business

398-B N. HARBOR CITY BLVD

Suite, Apt. #, etc.

3. Mailing Address

(SAME)

Suite, Apt. #, etc.

City & State

MELBOURNE, FL

City & State

4. FEI Number

59-3540697

Applied For

Not Applicable

Zip

32935

Country

USA

Zip

Country

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

SMART, MITESH K

1440 CRANE CREEK BLVD
MELBOURNE FL 32940

Name

MITESH K. SMART

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

398-B N. HARBOR CITY BLVD

City

MELBOURNE

FL

Zip Code

32935

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

5/9/00

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 V
NAME SMART, MITESH K
STREET ADDRESS 1440 CRANE CREEK BLVD
CITY-ST-ZIP MELBOURNE FL 32940 ☐ Delete

TITLE PRESIDENT
NAME MITESH K. SMART
STREET ADDRESS 398-B N. HARBOR CITY BLVD
CITY-ST-ZIP MELBOURNE, FL 32935 ☒ Change ☐ Addition

TITLE V
NAME ALLEY, DAVID E
STREET ADDRESS 4827 SPRINGWATER CIRCLE
CITY-ST-ZIP MELBOURNE FL 32940 ☒ Delete

TITLE
NAME NONE
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/9/00

Date

321-253-1221

Daytime Phone #