

2000 UNIFORM BUSINESS REPORT (UBR)

3/8

FILED
May 11, 2000 8:00 am
Secretary of State

03-08-2000 90047 049 ***150.00

DOCUMENT # P99000017445

1. Entity Name

CONSTRUCTION SOLUTIONS & SERVICES, INC.

Principal Place of Business

654 WELLS LANDING DRIVE
 ORANGE PARK FL 32073

Mailing Address

654 WELLS LANDING DRIVE
 ORANGE PARK FL 32073-2959

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59:3607912

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525

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

Signature, typed or printed name of registered agent and title 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, 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

TITLE	D	<input type="checkbox"/> Delete
NAME	DARRELL, LISA	
STREET ADDRESS	654 WELLS LANDING DRIVE	
CITY-ST-ZIP	ORANGE PARK FL 32073	PRESIDENT
TITLE	D	<input type="checkbox"/> Delete
NAME	FAIN, DAMIAN	
STREET ADDRESS	264 EAST CHURCH STREET	
CITY-ST-ZIP	SOMERSET PA 15501	V. President - ops.
TITLE	D	<input type="checkbox"/> Delete
NAME	MARTIN, TONY S	
STREET ADDRESS	10103 OAKTON TERRACE ROAD	
CITY-ST-ZIP	OAKTON VA 22124	TREASURER
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, LONDON L	
STREET ADDRESS	POST OFFICE BOX 9339	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES MARTIN III	
STREET ADDRESS	522 SADDIE ROAD	SALES
CITY-ST-ZIP	SOMERSET, PA 15501	V. PRESIDENT
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GEORGIA MARTIN	
STREET ADDRESS	264 EAST CHURCH ST.	
CITY-ST-ZIP	SOMERSET PA 15501	SECRETARY
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: LISA DARRELL LISA DARRELL 1/14/2000 904-264-7839
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)