

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000017445

FILED
Apr 27, 2003
Secretary of State

Entity Name: CONSTRUCTION SOLUTIONS & SERVICES, INC.

Current Principal Place of Business:

654 WELLS LANDING DRIVE
ORANGE PARK, FL 32073

New Principal Place of Business:

Current Mailing Address:

654 WELLS LANDING DRIVE
ORANGE PARK, FL 32073

New Mailing Address:

FEI Number: 59-3607912

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DARRELL, LISA M PRES.
654 WELLS LANDING DRIVE
ORANGE PARK, FL 32073 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DARRELL, LISA M
Address: 654 WELLS LANDING DRIVE
City-St-Zip: ORANGE PARK, FL 32073 US

Title: VD (X) Delete
Name: FAIN, DAMIAN E
Address: 264 EAST CHURCH STREET
City-St-Zip: SOMERSET, PA 15501 US

Title: TD () Delete
Name: MARTIN, TONY S
Address: 264 E. CHURCH STREET
City-St-Zip: SOMERSET, PA 15501 US

Title: S () Delete
Name: MARTIN, GEORGIA R
Address: 264 EAST CHURCH ST.
City-St-Zip: SOMERSET, PA 15501 US

Title: V () Delete
Name: MARTIN, JAMES O III
Address: 522 SADDLE RD.
City-St-Zip: ROCKWOOD, PA 15501 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISA MARIA DARRELL

P

04/27/2003

Electronic Signature of Signing Officer or Director

_____ Date