

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90161 004 ***158.75

DOCUMENT # P99000032890

1. Entity Name
COMMERCIAL CONSTRUCTION OF SW FLORIDA, INC.



Principal Place of Business
**6141 HAMILTON DRIVE
FORT MYERS FL 33905**

Mailing Address
**PO BOX 50279
FORT MYERS FL 33994**

2. Principal Place of Business
6141 HAMILTON DRIVE

3. Mailing Address
P.O. BOX 50279

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Fort Myers

City & State
Fort Myers FL

Zip **33905** Country **Lee**

Zip **33994** Country **Lee**

4. FEI Number **65-0911464**

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**THOMANN, JILL
6141 HAMILTON DRIVE
FORT MYERS FL 33905**

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

SIGNATURE *Sherry L Cannons* **Vice President** **1-20-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

TITLE **D** ☐ Delete
NAME **HENRY, MARCEL A**
STREET ADDRESS **1492 HARWELL AVE.**
CITY-ST-ZIP **CROFTON MD 21114**

TITLE **DVT** ☐ Delete
NAME **CALLOW-CANNONS, SHERRY**
STREET ADDRESS **6141 HAMILTON DRIVE**
CITY-ST-ZIP **FORT MYERS FL 33905**

TITLE **DPS** ☐ Delete
NAME **THOMANN, JILL**
STREET ADDRESS **6141 HAMILTON DRIVE**
CITY-ST-ZIP **FORT MYERS FL 33905**

TITLE **D** ☐ Delete
NAME **ENDERBY, SAM**
STREET ADDRESS **140 W HWY 82**
CITY-ST-ZIP **GAINESVILLE TX 76240**

TITLE **D** ☐ Delete
NAME **HENRY, MARCIA**
STREET ADDRESS **1492 HARWELL AVE**
CITY-ST-ZIP **CROFTON MD 21114**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: *Sherry L Cannons* **Vice President** **239693-1223**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **1/2/03** Daytime Phone #

CR2E034 (10/02)