

2000 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED

Jun 19, 2000 8:00 am
Secretary of State

05-16-2000 90021 020 ***150.00

DOCUMENT # P99000043978

1. Entity Name

CONSTRUCTION RESOURCES MANAGEMENT, INC.

R

Principal Place of Business

Mailing Address

EMERALD COAST PKWY., STE. 4101
DESTIN FL 32541

36474 EMERALD COAST PKWY., STE. 4101
DESTIN FL 32541-4755

2. Principal Place of Business

415 Mountain Dr.

3. Mailing Address

P.O. Box 5828

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Destin FL

City & State

Destin, FL

4. FEI Number

59-3582962

Applied For

Not Applicable

Zip

32541

Country

USA

Zip

32540

Country

Okaloosa

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KRAEMER, MARY K

36474 EMERALD COAST PKWY., STE. 4101
DESTIN FL 32541

7. Name and Address of New Registered Agent

Name

George W. Jones

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

415 Mountain Dr., Suite 5

City Destin

FL

Zip Code 32541

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 George W. Jones

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/24/00

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	President	<input type="checkbox"/> Delete
NAME	George W. Jones	
STREET ADDRESS	415 Mountain Drive, Suite 5	
CITY-ST-ZIP	Destin, FL 32541	
TITLE	Director	<input type="checkbox"/> Delete
NAME	Russ Aldrich	
STREET ADDRESS	415 Mountain Drive, Suite 5	
CITY-ST-ZIP	Destin, FL 32541	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 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		
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 607(i), Florida Statutes. I further certify that the information indicated on this supplemental report is true and accurate and that my signature shall have the same effect as if made under oath; that I am an officer or director of the corporation; and that my name appears in Block 11 or Block 12 if changed, or on an amendment with an address, with all other like empowered.

SIGNATURE:

George W. Jones

GEORGE W. JONES

4/24

650-9001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)