2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State
04-17-2002 90056 042 ***150.00

DOCUMENT # P99000055959

1. Entity Name
C-N-D CONSTRUCTION CORP.

Principal Place of Business	Mailing Address
106 SHORE DRIVE PLACE OLDSMAR FL 34677	106 SHORE DRIVE PLACE OLDSMAR FL 34677

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
P.O. BOX 62	P.O. BOX 62
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: OLDSMAR, FL.	City & State: OLDSMAR, FL.
Zip: 34677 Country: PINELLAS	Zip: 34677 Country: PINELLAS

4. FEI Number 59-3530986 ☐ Applied For ☐ Not Applicable

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
BURGER, CRAIG L 106 SHORE DRIVE PLACE OLDSMAR FL 34677	Name: CRAIG L. BURGER Street Address (P.O. Box Number is Not Acceptable): 6502 MARINA POINT VILLAGE COURT APT. # 202 City: ~~OLD~~ TAMPA, FL Zip Code 33635

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	P BURGER, CRAIG 106 SHORE DRIVE PLACE OLDSMAR FL 34677	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT CRAIG L BURGER 6502 MARINA PT. VILLAGE CT. APT. # 202 TAMPA, FL. 33635	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME 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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CR2E034 (9/01)

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 REQUIRED [signature] 4/8/02 813 966 7662
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #