

2000 UNIFORM BUSINESS REPORT (UBR)

5.

FILED
Jun 29, 2000 8:00 am
Secretary of State

05-19-2000 90026 024 ***158.75

DOCUMENT # P99000056471

1. Entity Name

CONSTRUCTION CENTRAL ART, INC.

R

Principal Place of Business

Mailing Address

671 W FRONT ST. SUITE 210
 CELEBRATION FL 34747

671 W FRONT ST. SUITE 210
 CELEBRATION FL 34747-4952

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3586753

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

GOMEZ, OCTAVIO
 671 W FRONT ST, SUITE 210
 CELEBRATION FL 34747

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		<i>P</i> Octavio Gomez	
STREET ADDRESS		671 W. Front St Suite 210	
CITY-ST-ZIP		Celebration, FL 34747	
TITLE	<input type="checkbox"/> Delete	<i>V</i> Larry Stuart	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		671 W. Front St Suite 210	
STREET ADDRESS		Celebration, FL 34747	
CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	<i>V</i> James L. Thomas	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		671 W. Front St Suite 210	
STREET ADDRESS		Celebration, FL 34747	
CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	<i>T</i> David E. Gray	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		671 W. Front St Suite 210	
STREET ADDRESS		Celebration, FL 34747	
CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	<i>V</i> Jennifer Colbert	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		671 W. Front St Suite 210	
STREET ADDRESS		Celebration, FL 34747	
CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete		<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:

Octavio Gomez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/2000

Date

Daytime Phone #

CR2E034 (9/99)