

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 21, 2001 08:00 AM**
Secretary of State**DOCUMENT # P99000058110**1. Entity Name
FIRST FLORIDA CONSTRUCTION MANAGEMENT, INC.**Principal Place of Business**157 E. NEW ENGLAND AVE., STE. 370 B
SAB
WINTER PARK FL
32789**Mailing Address**157 E. NEW ENGLAND AVE., STE. 370 B
SAB
WINTER PARK FL
32789**2. Principal Place of Business**

3707 EDGEWATER DRIVE

3. Mailing Address

3707 EDGEWATER DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ORLANDO FL

City & State

ORLANDO FL

4. FEI Number**59-3584429**

Applied For

Not Applicable

Zip
32804

Country

Zip
32804

Country

5. Certificate of Status Desired☒**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****DIEHL DANIEL R**
157 E. NEW ENGLAND AVE., STE. 370 BWINTER PARK FL
32789 US**7. Name and Address of New Registered Agent****Name****DIEHL DANIEL R**Street Address (P.O. Box Number is Not Acceptable)
3707 EDGEWATER DRIVECity
ORLANDO

FL

Zip Code
32804

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 _____ **02/21/2001**

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, 2001 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	D	<input type="checkbox"/> Delete
NAME	RAVENEL WILLIAM JR.	
STREET ADDRESS	157 EAST NEW ENGLAND AVENUE #370-B	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	MANNALOV IVAILO	
STREET ADDRESS	157 EAST NEW ENGLAND AVENUE #370-B	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DIEHL LAURA O	
STREET ADDRESS	157 E. NEW ENGLAND AVE., STE. 370 B	
CITY-ST-ZIP	WINTER PARK FL 32789	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAVENEL WILLIAM JR.	
STREET ADDRESS	3707 EDGEWATER DRIVE	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIEHL LAURA O	
STREET ADDRESS	3707 EDGEWATER DRIVE	
CITY-ST-ZIP	ORLANDO FL 32804	
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 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: LAURA O. DIEHL

PD

02/21/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)