

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000074033

1. Entity Name

CONSTRUCTION CREDIT CONSULTANTS, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90081 023 ***150.00

Principal Place of Business

210 ST. IVES DRIVE
PALM HARBOR FL 34684

Mailing Address

210 ST. IVES DRIVE
PALM HARBOR FL 34684-3333

401003

2. Principal Place of Business

1602 Shady Oaks Dr.

3. Mailing Address

1602 Shady Oaks Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Oldsmar, FL

City & State

Oldsmar, FL.

4. FEI Number

59-3601015

Applied For

Not Applicable

Zip

Country

34677

Zip

Country

34677

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

STULL, R. JEFFREY ESQ.
R. JEFFREY STULL, P.A.
602 SOUTH BOULEVARD
TAMPA FL 33606

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 Warren H. Butler

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

TITLE ☐ Delete
NAME **D BUTLER, WARREN**
STREET ADDRESS **210 ST. IVES DRIVE**
CITY-ST-ZIP **PALM HARBOR FL 34684**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1602 Shady Oaks Dr.**
CITY-ST-ZIP **Oldsmar, FL. 34677**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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 another like empowered.

SIGNATURE:

Warren H. Butler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/00

Date

727-541-6632

Daytime Phone #

CR2034 (9/99)