

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90110 037 \*\*\*150.00

**DOCUMENT # P99000105522**

1. Entity Name

**CONSTRUCTION SALES & MARKETING, INC.**

Principal Place of Business

9225 ULMERTON RD.  
STE 4  
LARGO FL 33771

Mailing Address

9225 ULMERTON RD.  
STE 4  
LARGO FL 33771

00052014



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8100 ULMERTON RD.

Suite, Apt. #, etc.

Bldg. 5 Suite A

City &amp; State

Largo Florida

Zip

33771

Country

U.S.A.

3. Mailing Address

8100 ULMERTON RD.

Suite, Apt. #, etc.

Building 5 Suite A.

City &amp; State

Largo Florida

Zip

33771

Country

U.S.A.

4. FEI Number 59-3614711

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ELDER, ROBERT

6800 30TH AVENUE N

ST. PETERSBURG FL 33710

7. Name and Address of New Registered Agent

Name

Elder, Robert

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

10844 119 St. North

City

Largo

FL

Zip Code

33778

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, 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 ☐ Delete  
NAME **D ELDER, ROBERT**  
STREET ADDRESS **6800 30TH AVENUE N**  
CITY-ST-ZIP **ST. PETERSBURG FL 33710**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME **D Elder, Robert**  
STREET ADDRESS **10844 119 St. North**  
CITY-ST-ZIP **Largo, FL 33778**TITLE ☐ Change ☒ Addition  
NAME **PRESIDENT**  
STREET ADDRESS **MAKESHA N. ELDER**  
CITY-ST-ZIP **10844 119 St. North**  
**Largo FL 33778**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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 all other names empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)