

FILED
Jul 10, 2001 8:00 am
Secretary of State

07-10-2001 90116 046 ***158.75

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # <u>S63013</u>			
1. Entity Name <u>CERTIFIED STRUCTURAL SERVICES INC.</u> <u>2930 TARA LANE DR</u> <u>PUNTA GORDA FL 33982</u> (9)			
Principal Place of Business <u>SAME</u>		Mailing Address <u>CSSI INC.</u> <u>P.O. BOX 512201</u> <u>PUNTA GORDA FL 33951</u>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Name and Address of Current Registered Agent		4. FBI Number <u>65-0279238</u>	
<u>KEVIN C SHIRLEY ATTY.</u> <u>126 E. OLYMPIA AVE.</u> <u>SUITE 304</u> <u>PUNTA GORDA FLA 33950</u>		Applied For <input type="checkbox"/> Not Applicable	
7. Name and Address of New Registered Agent		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Name		6. Name and Address of Current Registered Agent	
Street Address (P.O. Box Number is Not Acceptable)		Name	
City		Street Address (P.O. Box Number is Not Acceptable)	
FL		City	
Zip Code		FL	
Zip Code		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 <u>[Signature]</u>		DATE <u>4/30/2001</u>	
9. This corporation is eligible to satisfy its intangible tax filing requirements and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May be Added to Fees	
11. OFFICERS AND DIRECTORS			
TITLE <u>PRES</u>		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME <u>KURT R. KESUNO</u> <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <u>2930 TARA LANE DR</u>		NAME	
CITY-ST-ZIP <u>PUNTA GORDA FL 33982</u>		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <u>J.P.</u>		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <u>SAME</u> <input type="checkbox"/> Delete		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <u>SEC.</u>		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <u>KEVIN C SHIRLEY</u> <input type="checkbox"/> Delete		NAME	
STREET ADDRESS <u>126 E OLYMPIA AVE.</u>		STREET ADDRESS	
CITY-ST-ZIP <u>PUNTA GORDA, FL 33982</u>		CITY-ST-ZIP	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
13. I hereby certify that the information supplied with this form does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included 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 appointed to prepare 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 appropriate notation to either the enclosed.			
SIGNATURE: <u>[Signature]</u>		DATE: <u>4/30/2001</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR		DATE	

CR2001 (1/00)