

2001 UNIFORM BUSINESS REPORT (UBR)

4/1

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-06-2001 90049 044 ***150.00

DOCUMENT # S92832

1. Entity Name

COMMERCIAL CONSTRUCTION INDUSTRIES, INC.

Principal Place of Business

Mailing Address

7 LISSIE LN
 OKEECHOBEE FL 34974

PO BOX 1452
 LAKE WORTH FL 33460

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0323550**

Applied For
 Not Applicable

Zip Country

Zip Country

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

AMRHEIN, ANTHONY
 7 LISSIE LN
 OKEECHOBEE FL 34974

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 use if applicable.

(NOTE: Registered Agent signature required when re-registering)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	AMRHEIN, ANTHONY	7 LISSIE LN	OKEECHOBEE FL 34974	<input type="checkbox"/>
VP	AUGSBACK, TIM	425 N L ST	LAKE WORTH FL 33460	<input checked="" type="checkbox"/>
T	BRUNSON, HERMAN	701 LISSIE LN	Okeechobee	<input type="checkbox"/>
				<input type="checkbox"/>
VP	Larry Seiler	→ Lissie LN	Okeechobee, FL 34974	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Anthony Amrhein 4/14/01 7354565

CR2E034 (10/00)