

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2003 8:00 am
Secretary of State

09-08-2003 90130 010 ***150.00

DOCUMENT # **S92832**

1. Entity Name
COMMERCIAL CONSTRUCTION INDUSTRIES, INC.



Principal Place of Business
**7 LISSIE LN
OKEECHOBEE FL 34974**

Mailing Address
**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**

CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. 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"/>
	T	BRUNSON, HERMAN	320 S O ST LAKE WORTH FL 33460	<input type="checkbox"/>
	V	AUGSHACK, TIMOTHY	423 SO ST LAKE WORTH FL 33460	<input type="checkbox"/>
	D	Charles Dawes	PO Box 1452 Lake Worth, FL 33460-1452	<input type="checkbox"/>
				<input type="checkbox"/>
				<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"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/03/03 5617354565
Date Daytime Phone #

CR2E034 (4/03)

Attachment 90154541
#S 92832

**COMMERCIAL CONSTRUCTION
INDUSTRIES, Inc.**

P.O. Box 1452 • Lake Worth Fl 33460-1452
Tel: (561) 714-4245 • Fax (561) 547-8538



CCC 020237

ROOFING • PAINTING • WATERPROOFING

09-03-03

Division Of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, Fl 32302-1500

RE: Uniform Business Report

To whom it may concern;

We did not receive the prior report and are asking that the
late fee be waived.

Your kind consideration is very greatly appreciated.

Sincerely,


Anthony Amrhein