

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17434

**FILED**  
**Feb 26, 2019**  
**Secretary of State**  
**4983485272CC**

**Entity Name:** CONSTRUCTION ESTIMATING INSTITUTE OF AMERICA, INC.

**Current Principal Place of Business:**

5016 CALLE MINORGA  
SARASOTA, FL 34242

**Current Mailing Address:**

5016 CALLE MINORGA  
SARASOTA, FL 34242 US

**FEI Number:** 59-2738495

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LANGEDYK, KIMBERLY  
5402 SHADOWLAWN DR.  
SARASOTA, FL 34242 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P/D  
Name LANGEDYK, KIMBERLY  
Address 5402 SHADOW LAWN DR.  
City-State-Zip: SARASOTA FL 34242

Title D  
Name LANGEDYK, RUTH K  
Address 5376 SHADOW LAWN DR.  
City-State-Zip: SARASOTA FL 34242

Title SD  
Name VASQUEZ, CESAR  
Address 5402 SHADOW LAWN DR.  
City-State-Zip: SARASOTA FL 34242

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** KIMBERLY LANGEDYK

**PRESIDENT**

**02/26/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date