

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90153 020 ***150.00

0337348 AV

DOCUMENT # P00000075149

1. Entity Name
CSC/COLWELL, INC.



Principal Place of Business
**5315 NW 22ND AVE.
TAMARAC FL 33309**

Mailing Address
**5315 NW 22ND AVE.
TAMARAC FL 33309**



2. Principal Place of Business

6801 NW 17 AVE

3. Mailing Address

6801 NW 17 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

Fort Lauderdale, FL

City & State

Fort Lauderdale, FL

4. FEI Number

65-1029897

Applied For

Not Applicable

Zip

33309

Country

USA

Zip

33309

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BORELLO, LAURENCE E
5315 NW 22ND AVE.
TAMARAC FL 33309**

7. Name and Address of New Registered Agent

Name **LAURENCE E BORELLO**

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

6801 NW 17 AVE

City

Fort Lauderdale

FL

Zip Code

33309

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 Delete
NAME **D BORELLO, LAURENCE E**
STREET ADDRESS **5315 NW 22ND AVE.**
CITY-ST-ZIP **TAMARAC FL 33309**

Change Addition
NAME **6801 NW 17 AVE**
STREET ADDRESS **Fort Lauderdale, FL**
CITY-ST-ZIP **33309**

TITLE Delete
NAME **D KINSEY, STEVEN**
STREET ADDRESS **5315 NW 22ND AVE.**
CITY-ST-ZIP **TAMARAC FL 33309**

Change Addition
NAME **6801 NW 17 AVE**
STREET ADDRESS **Fort Lauderdale, FL**
CITY-ST-ZIP **33309**

TITLE Delete
NAME **D METZGER, DENNIS**
STREET ADDRESS **5315 NW 22ND AVE.**
CITY-ST-ZIP **TAMARAC FL 33309**

Change Addition
NAME **6801 NW 17 AVE**
STREET ADDRESS **Fort Lauderdale, FL**
CITY-ST-ZIP **33309**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-03 954784-9119

Date Daytime Phone #

CR2E034 (10/02)