

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90216 012 ***150.00

DOCUMENT # P93000008687



1. Entity Name
COLLATERAL EVALUATION ASSOCIATES, INC.

Principal Place of Business
**4457 HICKORY DRIVE
PALM BEACH GARDENS FL 33418**

Mailing Address
**4457 HICKORY DRIVE
PALM BEACH GARDENS FL 33418**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0387356		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
FEINSINGER, FREDERICK 4457 HICKORY DRIVE PALM BEACH GARDENS FL 33418				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 _____ (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	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FEINSINGER, FREDERICK			NAME			
STREET ADDRESS	4457 HICKORY DRIVE			STREET ADDRESS			
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FEINSINGER, MARGARET S			NAME			
STREET ADDRESS	4457 HICKORY DRIVE			STREET ADDRESS			
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FEINSINGER, GREGORY F			NAME			
STREET ADDRESS	172 BENT TREE DR			STREET ADDRESS			
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROBINETTE, R L			NAME			
STREET ADDRESS	6310 FARMINGDALE DR			STREET ADDRESS			
CITY-ST-ZIP	CHARLOTTE NC 28212			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: *Frederick W. Feinsinger* **FREDERICK W. FEINSINGER** **1/17/03** **361-624-5171**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #