

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90050 041 \*\*\*150.00

**DOCUMENT # 489214**  
1. Entity Name  
**CENTRAL BROWARD CONSTRUCTION, INC.**



Principal Place of Business  
**931 N W 53 CT  
FT LAUDERDALE FL 33309**

Mailing Address  
**931 N W 53 CT  
FT LAUDERDALE FL 33309**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1630388**

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

**LORD, KENNETH I  
2835 NE 35TH ST  
FT. LAUDERDALE FL 33306**

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 \$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	PD	<input type="checkbox"/> Delete
NAME	LORD, KENNETH I	
STREET ADDRESS	2835 NE 35TH ST	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	
TITLE	ST	<input type="checkbox"/> Delete
NAME	LORD, KENNETH I	
STREET ADDRESS	2835 NE 35TH ST	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	NEWELL, ROBERT V.	
STREET ADDRESS	10322 S.W. 50TH AVE.	
CITY-ST-ZIP	COOPER CITY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LORD, GAYLE A.	
STREET ADDRESS	2835 NE 35TH ST.	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ECKENRODE, JAMES V.	
STREET ADDRESS	17088 133RD TRAIL NORTH	
CITY-ST-ZIP	JUPITER FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

**SIGNATURE REQUIRED**  
**LORD**

**1-6-03**

Date

Daytime Phone #

CR2E034 (10/02)