

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 670409

1. Entity Name

CSR STEEL FRAMING, INC.

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90047 005 ***150.00

Principal Place of Business
1501 BELVEDERE RD.
ATTN: M.A. HOFFMAN
WEST PALM BEACH FL 33406-1502
US

Mailing Address
1501 BELVEDERE RD.
ATTN: M.A. HOFFMAN
WEST PALM BEACH FL 33406-1502
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State

3. Mailing Address
Suite, Apt. #, etc.
City & State

Zip
Country

4. FEI Number **59-1999923**
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LINLEY G. W.
1501 BELVEDERE RD
WEST PALM BEACH FL 33406

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	CPD CLARKE, DAVID V	1501 BELVEDERE ROAD	WEST PALM BEACH FL 33406
	ST CARMAN, WALLACE	1501 BELVEDERE RD	W PALM BCH FL 33406
	VP KINGSTON, JOHN F	1501 BELVEDERE RD.	WEST PALM BEACH FL
	AS CAPASSO, ROBERT J	1501 BELVEDERE RD.	WEST PALM BEACH FL

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Michael R. Z...* 1/25/01 561-820-8337
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)