

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

01-21-2003 90161 034 ***150.00

DOCUMENT # F49038

1. Entity Name
CORPOREX DEVELOPMENT SERVICES OF FLORIDA, INC.



Principal Place of Business
100 E RIVERCENTER BLVD
STE 1100
COVINGTON KY 41011

Mailing Address
C/O CORPORATE SECRETARY
PO BOX 75020
CINCINNATI OH 45275

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
61-0966534

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTHPINE ISLAND RD
PLANTATION FL 33324

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 **PDT** ☐ Delete
NAME **BUTLER, WILLIAM P**
STREET ADDRESS **100 E RIVERCENTER BLVD STE 1100**
CITY-ST-ZIP **COVINGTON KY 41011**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **BAUMEISTER, WILLIAM**
STREET ADDRESS **550 GILLS DRIVE**
CITY-ST-ZIP **ORLANDO FL 32824**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **BLACKHAM, J W**
STREET ADDRESS **100 E RIVERCENTER BLVD STE 1100**
CITY-ST-ZIP **COVINGTON KY 41011**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **AS** ☐ Delete
NAME **BUTLER, MARTIN**
STREET ADDRESS **50 E RIVERCENTER BLVD STE 1400**
CITY-ST-ZIP **COVINGTON KY 41011**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **AS** ☐ Delete
NAME **MALOTT, ELVA A**
STREET ADDRESS **100 E RIVERCENTER BLVD STE 1100**
CITY-ST-ZIP **COVINGTON KY 41011**

TITLE ☒ Change ☐ Addition
NAME **Malott, Elva A.**
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **THOMAS E BANTA**
STREET ADDRESS **100 E RIVERCENTER BLVD STE 1100**
CITY-ST-ZIP **COVINGTON KY 41011**

TITLE ☐ Change ☐ 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: *Elva Malott* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/2003

859-292-5507

Date

Daytime Phone #

CR2E034 (10/02)