

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G80446

1. Entity Name  
CIL, INC.

**FILED**  
**Jan 30, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90163 034 \*\*\*150.00

Principal Place of Business

Mailing Address

860 SW 9TH CIRCLE  
201  
BOCA RATON FL 33486  
US

PO BOX 27-3855  
860 SW 9TH ST CIRCLE S201  
BOCA RATON FL 33486-219  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

860 SW 9TH ST. CIRCLE  
Suite, Apt. #, etc.  
#201

860 SW 9TH ST. CIRCLE  
Suite, Apt. #, etc.  
#201

City & State  
BOCA RATON FL

City & State  
BOCA RATON, FL

4. FEI Number 59-2367771

Applied For  
Not Applicable

Zip 33486 Country USA

Zip 33486 Country USA

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

BUCK, DAVID E CPA  
DASZKA BOLTON & MANELA CPAs  
2000 EAST OAKLAND PARK BLVD  
FORT LAUDERDALE FL 33306

Name DAVID E. BUCK, C.P.A.  
Street Address (P.O. Box Number is Not Acceptable)  
DAVID E. BUCK, P.A.  
2900 E OAKLAND PARK BLVD  
City FORT LAUDERDALE FL Zip Code 33306

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 DAVID E. BUCK, Registered Agent 1/20/2001  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T/U/P/O CAMPBELL, MADELINE 860 SW 9TH ST CIRCLE#201 BOCA RATON FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTS, BARBARA 1375 TYROL RD. VANCOUVER, CAN	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPBELL, KINGSLEY G. 103 RONAN AVE TORONTO CANADA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

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: MADELINE CAMPBELL, PRES. 1/20/2001 (954) 561-3303  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)