

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90181 043 ***150.00

DOCUMENT # L25599

1. Entity Name
FLORIDA CONDEMNATION SERVICES, INC.

Principal Place of Business
612 SE 5 AVE
S5
FT LAUDERDALE FL 33301
US

Mailing Address
612 SE 5TH AVE.
SUITE 5
FT. LAUDERDALE FL 33301
US



2. Principal Place of Business
2101 South Andrews Avenue
 Suite, Apt. #, etc. **Avenue**
205
 City & State **FT. LAUDERDALE FL**

3. Mailing Address
2101 S. Andrews Avenue
 Suite, Apt. #, etc.
205
 City & State **FT. LAUDERDALE FL**

DO NOT WRITE IN THIS SPACE

Zip **33316** Country **USA**

Country **USA**

Zip **33316** Country **USA**

Country **USA**

4. FEI Number **65-0154065** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
KENEIPP, D. CRAIG
612 SE 5TH AVE., SUITE #5
FT. LAUDERDALE FL 33301

7. Name and Address of New Registered Agent
 Name **D. CRAIG KENEIPP**
 Street Address (P.O. Box Number is Not Acceptable) **2101 S. ANDREWS AVENUE**
Suite 205
 City **FT. LAUDERDALE FL** Zip Code **33316**

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 *D. Craig Keneipp* **D. CRAIG KENEIPP** **4/15/02**
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, 2002 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	D <input type="checkbox"/> Delete KENEIPP, D. CRAIG 612 SE 5TH AVE., SUITE #5 FT. LAUDERDALE FL
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"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2101 S. ANDREWS AVE #205 FT LAUDERDALE FL 33316
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
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
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: *D. Craig Keneipp* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **4/15/02** **954 779 3298**
Date Daytime Phone #

CR2E034 (9/01)