2000 UNIFORM BUSINES'S REPORT (UBR) **FILED** Mar 15, 2000 8:00 am Secretary of State DOCUMENT # **L88043** C & S MASTER BUILDERS, INC. 03-15-2000 90045 050 ***150.00 Principal Place of Business Mailing Address 8659 THOUSAND PINE CIRCLE 8659 THOUSAND FINE CIRCLE W PALM BEACH FL 33411-1905 W PALM BEACH FL 33411 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite', Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0209810 Not Applicable Zip Country Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HERMAN, BRUCE Street Address (P.O. Box Number is Not Acceptable) 1401 EAST BROWARD BLVD SUITE 206 FT. LAUDERDALE FL 33301 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change ☐ Delete TITLE TITLE NAME DAVIS, CHARLES NAME STREET ADDRESS STREET ADDRESS 8659 THOUSAND PINE CIR. CITY-ST-ZIP CITY-ST-ZIP W. PALM BEACH FL ☐ Addition ☐ Delete TITLE Change TITLE NAME DAVIS, CHARLES NAME STREET ADDRESS STREET ADDRESS 8659 THOUSAND PINE CIR. CITY-ST-ZIP CITY-ST-7IP W. PALM BEACH FL ☐ Addition ☐ Change TITLE TITLE ☐ D∈lete ... NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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.

TITLE NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

☐ Delete

750-0235

Change

Change

☐ Addition

Addition