

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N16619**

1. Entity Name

C/P ASSOCIATION, INC.**FILED**
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90123 047 ****61.25

Principal Place of Business

**2183 N POWERLINE ROAD
STE 1
POMPANO BEACH FL 33069**

Mailing Address

**2183 N POWERLINE ROAD
STE 1
POMPANO BEACH FL 33069**

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

65-0153657

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****STEPHENSON, R. MARK
2183 N POWERLINE RD STE 1
POMPANO BEACH FL 33069****7. Name and Address of New Registered Agent**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/6/02**FILE NOW: FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State****10. OFFICERS AND DIRECTORS**TITLE **PD** ☐ Delete
NAME **YOUNG, GREG**
STREET ADDRESS **2085 N POWERLINE ROAD, SUITE 1**
CITY-ST-ZIP **POMPANO BEACH FL 33069**TITLE **SD** ☒ Delete
NAME **YOUNG, MARLYN**
STREET ADDRESS **2085 N POWERLINE ROAD SUITE 1**
CITY-ST-ZIP **POMPANO BEACH FL 33069**TITLE **VD** ☐ Delete
NAME **BENZAKEN, DAVID**
STREET ADDRESS **2183 N POWERLINE RD STE**
CITY-ST-ZIP **POMPANO BEACH FL 33069**TITLE **TD** ☐ Delete
NAME **GROSSMAN, GARY**
STREET ADDRESS **2087 N POWERLINE ROAD SUITE 1**
CITY-ST-ZIP **POMPANO BEACH FL 33069**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 supplement 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 617, 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:

Signature: [Signature] Pres. 1/8/02

CR2E037 (9/01)