

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 04, 2002 8:00 am**  
**Secretary of State**

09-04-2002 90091 047 \*\*\*550.00

**DOCUMENT # P00000043598**

**1. Entity Name**  
**CORNERSTONE MAINTENANCE SERVICES, INC.**

**Principal Place of Business**  
**7071 W COMMERCIAL BLVD STE 2B**  
**TAMARAC FL 33319**

**Mailing Address**  
**7071 W COMMERCIAL BLVD STE 2B**  
**TAMARAC FL 33319**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number**  
**65-1031649**

**Applied For**  
**Not Applicable**

Zip

Country

Zip

Country

**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**

**ROBINSON & MARKS PA**  
**1590 NE 162 STREET STE 200**  
**NORTH MIAMI BEACH FL 33162**

**Name** Karen Busch  
**Street Address (P.O. Box Number is Not Acceptable)**  
Sunae Hgmt. Services Inc.  
7071 W. Commercial Blvd. Suite 2B  
**City** Tamarac **FL** **Zip Code** 33319

**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** Karen Busch

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

(NOTE: Registered Agent signature required when reinstating)

8/29/02  
**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** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** D ☐ **Delete**  
**NAME** BUSCH, KAREN  
**STREET ADDRESS** 7071 W COMMERCIAL BLVD STE 2B  
**CITY-ST-ZIP** TAMARAC FL 33319

**TITLE** D ☐ **Delete**  
**NAME** BUSCH, SCOTT  
**STREET ADDRESS** 7071 W COMMERCIAL BLVD STE 2B  
**CITY-ST-ZIP** TAMARAC FL 33319

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

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

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

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

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

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

**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 information empowered.**

**SIGNATURE:** Karen Busch  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

8/29/02 954-733-9010  
**Date Daytime Phone #**

CR2E034 (9/01)