

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90351 032 ***150.00

DOCUMENT # P00000086146

1. Entity Name

CORNERSTONE FINANCIAL SERVICES, INC.

Principal Place of Business

375 SEQUOIA LANE
BOCA RATON FL 33487

Mailing Address

375 SEQUOIA LANE
BOCA RATON FL 33487

2. Principal Place of Business

2300 Glades Road West
WEST Apt. #, etc.
Tower-Ste 200

3. Mailing Address

2300 Glades Road West
WEST Apt. #, etc.
Tower-Ste 200

City & State

Boca Raton, FL

City & State

Boca Raton, FL

Zip

33431

Country

U.S.A.

Zip

33431

Country

U.S.A.

4. FEI Number

65-1040096

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

REED, RANDALL H
399 W. PALMETTO PARK RD., STE. 206
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name

David Fredrickson

Street Address (P.O. Box Number is Not Acceptable)

375 Sequoia Lane

City

Boca Raton

FL

Zip Code

33487

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

DAVID R FREDRICKSON, PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

4/20/01
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ 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:

David R Fredrickson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/20/01

Daytime Phone #

561 348 5382

CR2E034 (10/00)