

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90049 008 ***150.00

DOCUMENT # P00000114197

1. Entity Name
CONTROL BREAK INTERNATIONAL CORP.



Principal Place of Business
2338 IMMOKALEE RD #179
NAPLES FL 34110

Mailing Address
2338 IMMOKALEE RD #179
NAPLES FL 34110



2. Principal Place of Business

201 8th Street South

3. Mailing Address

201 8th Street South

Suite, Apt. #, etc.

#308

Suite, Apt. #, etc.

#308

City & State

Naples, Florida

City & State

Naples, Florida

Zip

34102

Country

USA

Zip

34102

Country

USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3686033

Applied For

Not Applicable

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

CLASP INC.
3001 TAMiami TRAIL NORTH 4TH FLOOR
NAPLES FL 34103

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. I am familiar with, and accept the obligations of registered agent.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPT
GROOTAERS, PAUL
PORTINGEN 27, 3628 EB KOCKENGEN
THE NETHERLANDS

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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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Cathy Perera
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/03 239-430-0386
Date Daytime Phone #

CR2E034 (10/02)