

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90144 049 ***158.75

DOCUMENT # P01000005171

1. Entity Name
CERTIFIED SUBCONTRACTING SERVICES OF FLORIDA, IN C.

Principal Place of Business
~~5745 S UNIVERSITY DRIVE~~
~~DAVIE FL 33328~~ *Delete*

Mailing Address
~~5745 S UNIVERSITY DRIVE~~
~~DAVIE FL 33328~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
10795 NW 53 ST
 Suite, Apt. #, etc.
206

3. Mailing Address
 Suite, Apt. #, etc.
DATE

City & State
SUNRISE, FL.

City & State
DATE

Zip
33351

Country
USA

4. FEI Number
01-0551962

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~UDELL, MICHAEL B~~
~~5745 S UNIVERSITY DRIVE~~
~~DAVIE FL 33328~~ *Delete*

7. Name and Address of New Registered Agent

Name
Daniel STIRLING

Street Address (P.O. Box Number is Not Acceptable)
10795 NW 53 ST #206

City
SUNRISE

FL Zip Code
33351

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]* **Daniel STIRLING** **2/4/02**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STIRLING, DANIEL 5745 S UNIVERSITY DRIVE DAVIE FL 33328	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. Daniel STIRLING 10795 NW 53 ST #206 SUNRISE, FL. 33351	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* **Pres. Daniel STIRLING** **2/4/02** **954-572-0123**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)