

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90070 047 ***150.00

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DOCUMENT # P01000025627

1. Entity Name

C & S REAL ESTATE HOLDINGS, INC.

Principal Place of Business

**10589 SUMMERTIME LN
 ROYAL PALM BEACH FL 33411**

Mailing Address

**P.O. BOX 210822
 ROYAL PALM BEACH FL 32421**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

C & S REAL ESTATE HOLDINGS INC.

City & State

City & State

PO BOX 211807

WEST PALM BEACH, FL 33421

4. FEI Number

65-1090218

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

**UCC FILING & SEARCH SERVICES, INC.
 526 E PARK AVE
 TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name **STEVEN T. OCCHIOGROSSO**

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

10589 SUMMERTIME LN

ROYAL PALM BEACH, FL

City

FL

Zip Code

33411

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

3/6/02

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	PD	<input type="checkbox"/> Delete
NAME	OCCHIOGROSSO, STEVEN P	
STREET ADDRESS	10589 SUMMERTIME LN	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CEBOLLERO, CHRISTOPHER	
STREET ADDRESS	10589 SUMMERTIME LN	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TO - STEVEN T	
STREET ADDRESS		
CITY-ST-ZIP	NOT - STEVEN P	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/02

561 791 2557

Date

Daytime Phone #

CR2E034 (9/01)