


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92123 001 ***300.00

**FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

35037723

DOCUMENT # PD1000025627
 1. Entity Name
C+S REAL ESTATE HOLDINGS, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2927 EMBASSY DRIVE
 Suite, Apt. #, etc.

3. Mailing Address
PO Box 211807
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
WEST PALM BEACH, FLORIDA

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WEST PALM BEACH, FLORIDA

4. FEI Number
65-1090218

Applied For
 Not Applicable

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

Zip 33401 Country USA Zip 33421 Country USA

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
STEVE Occhiogrosso

Street Address (P.O. Box Number is Not Acceptable)
2927 EMBASSY DRIVE

City WEST PALM BEACH FL Zip Code 33401

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 Steve Occhiogrosso STEVE Occhiogrosso 4/25/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25
 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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Pres</u> <u>STEVE Occhiogrosso</u> <u>2927 EMBASSY DRIVE</u> <u>WEST PALM BEACH, FL 33401</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Vice-Pres</u> <u>CHRISTOPHER CEBOLLEGA</u> <u>2927 EMBASSY DRIVE</u> <u>WEST PALM BEACH, FL 33401</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Steve Occhiogrosso 4/25/03 (561) 248 8721
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)