

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2002 8:00 am
Secretary of State

02-12-2002 90110 010 ***150.00

007478 AV

DOCUMENT # P01000056280

1. Entity Name

CENTRAL FLORIDA STRUCTURAL ANCHORING, INC.

Principal Place of Business

**1280 BISCAYNE BLVD., UNIT #4
 DELAND FL 32724**

Mailing Address

**1280 BISCAYNE BLVD., UNIT #4
 DELAND FL 32724**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1620 OLD DAYTONA RD

Suite, Apt. #, etc.

3. Mailing Address

1620 OLD DAYTONA RD

Suite, Apt. #, etc.

City & State

DELAND, FL

City & State

DELAND, FL

4. FEI Number

59-3720747

Applied For

Not Applicable

Zip

32724

Country

USA

Zip

32724

Country

USA

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

EVE, JENNIFER

**1280 BISCAYNE BLVD., UNIT #4
 DELAND FL 32724**

Name

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

1620 OLD DAYTONA RD

City

DELAND

FL

Zip Code

32724

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]

1/25/02

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **JONES, CURTIS L**
 STREET ADDRESS **1280 BISCAYNE BLVD., UNIT #4**
 CITY-ST-ZIP **DELAND FL 32724**

TITLE **CURTIS L. JONES** ☒ Change ☐ Addition
 NAME **1620 OLD DAYTONA RD**
 STREET ADDRESS **DELAND, FL 32724**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/02

Date

386-740-1295

Daytime Phone #

CR2E034 (9/01)