

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91641 031 ***150.00

DOCUMENT # P01000068497

1. Entity Name

CITY BROKERS OF THE SUNSHINE STATE, INC.

Principal Place of Business

**600 UNO LAGO DRIVE #202
 JUNO BEACH FL 33408**

Mailing Address

**600 UNO LAGO DRIVE #202
 JUNO BEACH FL 33408**

2. Principal Place of Business

600 Uno Lago Dr.

Suite, Apt. #, etc.

Apt. #202

3. Mailing Address

600 Uno Lago Dr.

Suite, Apt. #, etc.

Apt. #202

City & State

Juno Beach, Fla.

City & State

Juno Beach, Florida

Zip

33408

Country

U.S.A.

Zip

33408

Country

U.S.A.

4. FEI Number

65-1089662

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**MORTENSEN, MICHAEL
 8552 SE DRIFTWOOD ST.
 HOBE SOUND FL 33455**

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

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 **D** ☐ Delete
 NAME **MORTENSEN, MICHAEL**
 STREET ADDRESS **8552 SE DRIFTWOOD ST.**
 CITY-ST-ZIP **HOBE SOUND FL 33455**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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: **Michael V. Mortensen**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/8/02
Michael V. Mortensen/Pres.
 Date Daytime Phone #

CR2E034 (9/01)