

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90294 002 \*\*\*150.00

|  |  |                           |  |  |  |
|--|--|---------------------------|--|--|--|
| <b>DOCUMENT # P02000003619</b>   |  |                           |  |  |  |
| <b>1. Entity Name</b><br>CDI LAND DEVELOPMENT CONSULTANTS, INC.  |  |                           |  |  |  |
| <b>Principal Place of Business</b><br>320 W. DAVIE BOULEVARD<br>FORT LAUDERDALE FL 33315   |  |                           | <b>Mailing Address</b><br>320 W. DAVIE BOULEVARD<br>FORT LAUDERDALE FL 33315   |  |  |
| <b>2. Principal Place of Business</b>  |  | <b>3. Mailing Address</b> |  |  |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.       |  |  |  |
| City & State   |  | City & State              |  | <b>4. FEI Number</b><br>03-0381425   |  |
| Zip  |  | Country                   |  | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>FEE, DANIEL A<br>2416 NE 27 AVENUE<br>FT. LAUDERDALE FL 33305  |  |                           | <b>7. Name and Address of New Registered Agent</b><br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>_____<br>City _____ <b>FL</b> Zip Code _____ |  |  |
| <b>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.</b>   |  |                           |  |  |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |  |                           |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br>After May 1, 2003 Fee will be \$550.00<br>Make Check Payable to Florida Department of State  |  |                           | <b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>  |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |                           | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | Pres.<br>Charlotte R. Fee<br>2416 NE 27 Ave<br>Ft. Land FL 33305       |                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | Daniel A. Fee<br>Vice President<br>2416 NE 27 Ave<br>Ft. Land FL 33305 |                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| <b>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 Block 11 if changed, or on an attachment with an address, with all other like empowered.</b> |  |                           |  |  |  |
| <b>SIGNATURE:</b> <u>SIGNATURE REQUIRED</u>  |  |                           | 3/26/03 (954) 524-9800   |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |  |                           | Date Daytime Phone #   |  |  |

CR2E034 (10/02)