

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

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90017 003 ***150.00

DOCUMENT # *P02000019137*

1. Entity Name

CSJE Corporation



DO NOT WRITE IN THIS SPACE

44011198

2. Principal Place of Business

c/o John P. Fenner, Esq. 2840 NW B

Suite, Apt. #, etc.

Suite 107

City & State
Boca Raton

Zip
33431

Country
Palm Beach

3. Mailing Address

same

Suite, Apt. #, etc.

same

City & State
same

Zip
same

Country
same

4. FEI Number

37-1420930

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name John P. Fenner, Esq.

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

2840 NW Boca Raton Blvd., Suite 107

City Boca Raton

FL

Zip Code
33431

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IN THIS SPACE**

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

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
Lawrence C. Sigman, ~~Chairman and President~~
10920 Lakemore Lane - Unit 202
Boca Raton FL 33498

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
~~[REDACTED]~~

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
~~[REDACTED]~~

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CITY-ST-ZIP
~~[REDACTED]~~

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 30, 2004

Date

Daytime Phone #

561-883-8494

CR2E034B (12/03)