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

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2. Principal Place of Business	3. Mailing Address
c/o John P. Fenner, Esq. 2840 NW B	same
Suite, Apt. #, etc. Suite 107 (Boca Raton Blvd)	Suite, Apt. #, etc. same
City & State Boca Raton	City & State same
Zip 33431 / Country Palm Beach	Zip same / Country same

4. FEI Number 37-1420930 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	O Lawrence C. Sigman, ~~Chairman and President~~ 10920 Lakemore Lane - Unit 202 Boca Raton FL 33498
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[redacted]
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CR2E034B (12/03)

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: _____ Jan. 30, 2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 561-883-8494