

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90175 004 ***150.00

DOCUMENT # P02000055182

1. Entity Name
CMP MARINE SURVEYORS, INC.



Principal Place of Business
PO BOX 840009
HOLLYWOOD FL 33084

Mailing Address
PO BOX 840009
HOLLYWOOD FL 33084



2. Principal Place of Business
400 LESLIE DR
Suite, Apt. #, etc.
331

3. Mailing Address
400 LESLIE DR.
Suite, Apt. #, etc.
331

☐ CHECK HERE IF MAKING CHANGES

City & State
HALLANDALE FL.
Zip
33009
Country
USA

City & State
HALLANDALE FL.
Zip
33009
Country
USA

4. FEI Number
04-3469914
Applied For
Not Applicable

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

TRAGER, ROSS
1000 N HIATUS RD
PEMBROKE PINES FL 33026

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** **Zip Code**

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]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/16/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **PODOLOFF, CHARLES**
CITY-ST-ZIP **1000 N HIATUS RD**
PEMBROKE PINES FL 33026

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **CSOKA, MICHAEL**
CITY-ST-ZIP **1000 N HIATUS RD**
PEMBROKE PINES FL 33026

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] **Charles Podoloff**
2/12/03 **954-458-3362**
Date **Daytime Phone #**

CR2E034 (10/02)