## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #**

P02000070036

1. Entity Name

CDK SOLUTIONS, INC.



FILED Apr 10, 2003 8:00 am Secretary of State

04-10-2003 90074 023 \*\*\*150.00

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Principal Place of Business 440 SE 7TH AVE POMPANO BCH FL 33060			Mailing Address 440 SE 7TH AVE POMPANO BCH FL 33060					I TERMEN HI BRIAR HERA BRIAR BOU	1 <b>44</b> 114 <b>88</b> 44 4	LEKK CONKI ORIEG K	351 <b>8 8</b> 163 1 <b>48</b> 3
2. Principal Place of Business			3. Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				<del></del>	☐ CHECK HERE I	F MAKING	CHANGES		
City & State			City & State				4.	4. FEI Number Applied For			
Zip		Country	. Zip Cou		Coun	itry	5.	Certificate of Status Desired		Not Applicable  \$8.75 Additional Fee Required	
	6. Name and Address of Curre		Designated Asset			ı		Name and Address of New Ro		·	1
	6. Name	and Address of Carrent	veñizieie	d Agent		Name	·	Halle allu Augiess of Hear H	egiatei eu y	-Beint, → ×	
VAN ROOYEN, COLIN											
440 SE 7TH AVE						Street Address (P.O. Box Number is Not Acceptable)					
POMPANO BCH FL 33060											
TOME AND BOTT E GOOD						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.											and accept
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  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 Fin Trust Fund Contribution			May Be to Fees
10.		OFFICERS AND	DIRECTO	RS	11.		Α[	DDITIONS/CHANGES TO OFFI	CERS AND	DIRECTORS	S IN 11
TITLE	PSD			☐ Delete	ŤITL	Ε				☐ Change	☐ Addition
NAME VAN ROOYEN, COLIN			NAM							}:	
	STREET ADDRESS 440 SE 7TH AVE CITY-ST-ZIP POMPANO BCH FL 33060					ET ADDRESS					Ì
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE** 

SONATURE TO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/03 (954) 785-1694