

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90196 027 \*\*\*150.00

DOCUMENT # P02000072346

1. Entity Name  
CB CONSTRUCTION AND DESIGN SERVICES, INC.



Principal Place of Business

~~5249 HIATUS ROAD~~  
~~SUNRISE FL 33351~~

Mailing Address

~~PO BOX 266726~~  
~~SUNRISE FL 33345~~

2. Principal Place of Business

1000 S. Federal Hwy

3. Mailing Address

P.O. Box 266726

Suite, Apt. #, etc.

Suite # 103

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE, FL

City & State

Weston, FL

Zip

33316

Country

BROWARD

Zip

33326

Country

BROWARD

4. FEI Number

03-0466419

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

BORGE, CARL A  
5249 HIATUS ROAD  
SUNRISE FL 33351

7. Name and Address of New Registered Agent

Name

CARL A. BORGE

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

1000 S. Federal Hwy

Suite # 103

City

FORT LAUDERDALE FL

Zip Code

33316

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

*Carl A. Borge*

FILE NOW!!! FEE IS \$150.00

After May 1, 2009: Fee will be \$550.00

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: P  
NAME: BORGE, CARL A. OK  
STREET ADDRESS: ~~5249 HIATUS ROAD~~  
CITY-ST-ZIP: ~~SUNRISE FL 33351~~

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TITLE:   
NAME:   
STREET ADDRESS:   
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: P  
NAME: CARL A. BORGE  
STREET ADDRESS: P.O. Box 266726  
CITY-ST-ZIP: Weston, FL. 33326

☒ Change ☐ Addition

Address only

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

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CITY-ST-ZIP:

☐ Change ☐ Addition

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

Date

Daytime Phone #

4/17/03

CR2E034 (10/02)