

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90292 031 \*\*\*150.00

DOCUMENT # P02000093208

1. Entity Name  
CPA DIRECTED INVESTMENTS, INC.



Principal Place of Business  
12995 S CLEVELAND AVE STE 36  
FT MYERS FL 33907

Mailing Address  
12995 S CLEVELAND AVE STE 36  
FT MYERS FL 33907



2. Principal Place of Business

13700 SIX MILE CYPRESS PARKWAY

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 2

City & State

FT. MYERS FL

Zip

Country

33912

USA

4. FEI Number

52-2373967

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

**X** CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

NORTHROP, MARK  
12995 S CLEVELAND AVE STE 36  
FT MYERS FL 33907

7. Name and Address of New Registered Agent

Name  
MARK NORTHROP  
Street Address (P.O. Box Number is Not Acceptable)  
13700 SIX MILE CYPRESS PARKWAY  
SUITE 2  
City  
FT MYERS FL Zip Code  
33912

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

**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  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
D LUCAS, ROBERT  
STREET ADDRESS  
12995 S CLEVELAND AVE STE 36  
CITY-ST-ZIP  
FT MYERS FL 33907

TITLE  
NAME  
D  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
D  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
D  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
D  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
D  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
13700 SIX MILE CYPRESS PARKWAY  
SUITE 2  
CITY-ST-ZIP  
FT MYERS FL 33912

TITLE  
NAME  
D  
STREET ADDRESS  
CITY-ST-ZIP  
SAME

TITLE  
NAME  
D  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
D  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
D  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
D  
STREET ADDRESS  
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:

Mark Northrop  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-03

Date

239 -  
274-0600  
Daytime Phone #

CR2E034 (10/02)