

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

FILED
Sep 05, 2003 8:00 am
Secretary of State

05-02-2003 90263 020 ***158.75
09-05-2003 90106 015 ***400.00

0087363 AV

DOCUMENT # P02000117252

1. Entity Name
CONTRACTORS BUSINESS PARK, INC.



Principal Place of Business
**1350 EAST NEWPORT CENTER DRIVE, SUITE 206
DEERFIELD BEACH FL 33442**

Mailing Address
**1350 EAST NEWPORT CENTER DRIVE, SUITE 206
DEERFIELD BEACH FL 33442**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **20-0172124**

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

**KAY, JAMES R ESQ.
11505 FAIRCHILD GARDENS AVENUE, SUITE 206
DEERFIELD FL 33410**

Name
James R Kay, Kay Law Offices
Street Address (P.O. Box Number is Not Acceptable)
700 Village Square Crossing, Suite 102B
City **Palm Beach Gardens** FL Zip Code **33410**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **REIBLING, LORENZ**
STREET ADDRESS **1350 EAST NEWPORT CENTER DRIVE, SUITE 206**
CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

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

TITLE **D** ☐ Delete
NAME **REIBLING, GUENTHER**
STREET ADDRESS **1350 EAST NEWPORT CENTER DRIVE, SUITE 206**
CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **VICE PRESIDENT**
STREET ADDRESS **KASSOF, LINDA G.**
CITY-ST-ZIP **1350 EAST NEWPORT CENTER DRIVE, #206
DEERFIELD BEACH, FL 33442**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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: _____ **SIGNATURE REQUIRED** **LINDA G. KASSOF** **8/30/03** **954-428-4585**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #


CR2E034 (4/03)

Attachment

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

5/2/2003-90263-020-\$158.75-\$158.75

0413555 JV

DOCUMENT # P02000117252			
1. Entity Name CONTRACTORS BUSINESS PARK, INC.			
Principal Place of Business 1350 EAST NEWPORT CENTER DRIVE, SUITE 206 DEERFIELD BEACH FL 33442		Mailing Address 1350 EAST NEWPORT CENTER DRIVE, SUITE 206 DEERFIELD BEACH FL 33442	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KAY, JAMES R ESQ. 11505 FAIRCHILD GARDENS AVENUE, SUITE 206 DEERFIELD FL 33410		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 _____ (NOTE: Registered Agent signature required when re-registering) 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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete REIBLING, LORENZ 1350 EAST NEWPORT CENTER DRIVE, SUITE 206 DEERFIELD BEACH FL 33442	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete REIBLING, GUENTHER 1350 EAST NEWPORT CENTER DRIVE, SUITE 206 DEERFIELD BEACH FL 33442	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.		COPY <input type="checkbox"/> Change <input type="checkbox"/> Addition	
SIGNATURE: <i>[Signature]</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Unda G. Kassof 03/31/2003 954 428-4585 Date Daytime Phone #	

CR2E034 (10/02)