

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Apr 03, 2003 8:00 am**  
**Secretary of State**

04-03-2003 90188 019 \*\*\*150.00

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**DOCUMENT # P94000039601**

1. Entity Name  
**C & S SUPPLY INCORPORATED**



Principal Place of Business  
**6845 PEMBROKE RD  
PEMBROKE PINES FL 33023  
US**

Mailing Address  
**6845 PEMBROKE RD  
PEMBROKE PINES FL 33023  
US**



2. Principal Place of Business  
**P.O. Box 290057**  
Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 290057**  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**DAVIE, FL**

City & State  
**DAVIE, FL**

Zip  
**33329-0057** Country  
**USA**

Zip  
**33329-0057** Country  
**USA**

4. FEI Number **65-0488192**

Applied For  
 Not Applicable

6. Name and Address of Current Registered Agent  
**SILVA, JOSEPH F  
11590 SW 25 STREET  
DAVIE FL 33325**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**4801 S.W. 111TH TERRACE**

City  
**Ft Lauderdale** FL Zip Code  
**33328**

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 *Joseph F. Silva* (NOTE: Registered Agent signature required when reinstating) DATE **4/1/03**

**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	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>SILVA, JOSPEH F</b>
STREET ADDRESS	<b>4801 SW 111TH TERRACE</b>
CITY-ST-ZIP	<b>COOPER CITY FL 33328</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Joseph F. Silva* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: **4/1/03** DAYTIME PHONE #: **(954) 985-0203**

CR2E034 (10/02)