


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90676 020 \*\*\*158.75

**DOCUMENT # P94000067748**

1. Entity Name  
**CEDAR PROPERTIES, INC.**



Principal Place of Business  
**606 W. KENNEDY BLVD.  
TAMPA FL 33606**

Mailing Address  
**606 W KENNEDY BLVD  
TAMPA FL 33606**



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**STOELTZING, WILLIAM  
600 W. KENNEDY BLVD 606  
TAMPA FL 33606**

4. FEI Number **59-3277397**

Applied For  
 Not Applicable

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

7. Name and Address of New Registered Agent  
Name **Cecille Parido**  
Street Address (P.O. Box Number is Not Acceptable)  
**606 W. Kennedy Blvd.**  
City **Tampa FL** Zip Code **FL 33606**

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 *Cecille Parido* *Cecille Parido* **3-7-03**  
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	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>STOELTZING, WILLIAM</b>	
STREET ADDRESS	<b>600 W. KENNEDY BLVD</b>	
CITY-ST-ZIP	<b>TAMPA FL 33606</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>PARIDO, CECILLE</b>	
STREET ADDRESS	<b>606 W. KENNEDY BLVD</b>	
CITY-ST-ZIP	<b>TAMPA FL 33606</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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P.T.S.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Cecille Parido</b>	
STREET ADDRESS	<b>606 W. Kennedy Blvd.</b>	
CITY-ST-ZIP	<b>Tampa, FL. 33606</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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 titles empowered.

SIGNATURE: *Cecille Parido* **Cecille Parido 3-7-03 813-829-7365**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)