

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000069903

1. Entity Name

CSP DEVELOPMENT COMPANY, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90010 039 ***150.00

C0031012



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1100 S POWERLINE RD
110
DEERFIELD BEACH FL 33442
US

Mailing Address
1100 S POWERLINE RD
SUITE 110
DEERFIELD BEACH FL 33442-8156
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0527177**

Applied For ☐ Not Applicable ☐

Zip Country Zip Country

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

COLONNA, LINDA
1100 S POWERLINE RD
SUITE 110
DEERFIELD BEACH FL 33442

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.

SIGNATURE *Linda Colonna* DATE *2-28-00*

(Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input type="checkbox"/> Delete
NAME	COLONNA, LINDA	
STREET ADDRESS	8387 SAWPINE RD	
CITY-ST-ZIP	DELRAY BEACH FL 33446	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	PERINI, VINCE	
STREET ADDRESS	1100 SOUTH POWERLINE ROAD, SUITE 110	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Linda Colonna* DATE: *2-28-00* DAYTIME PHONE #: *951-571-8740*

(Signature typed or printed name of signing officer or director)

CR2E034 (9/99)