

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000069903

1. Entity Name

CSP DEVELOPMENT COMPANY, INC.

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 90364 001 ***150.00

0312805

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 US
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2. Principal Place of Business 261 E. Prospect Road Suite, Apt. #, etc. Oakland Park, FL City & State	3. Mailing Address 261 E. Prospect Road Suite, Apt. #, etc. Oakland Park, FL City & State
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DO NOT WRITE IN THIS SPACE

Zip 33334	Country USA	Zip 33334	Country USA
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4. FEI Number 65-0527177	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent
Name
Mary Ellen Murphy
Street Address (P.O. Box Number is Not Acceptable)
261 E. Prospect Road
City
Oakland Park, FL
Zip Code
33334

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 Mary Ellen Murphy DATE 3-26-01
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, 2001 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 checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLONNA, LINDA		NAME		
STREET ADDRESS	8387 SAWPINE RD		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL 33446		CITY-ST-ZIP		
TITLE	VSD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERINI, VINCE		NAME		
STREET ADDRESS	1100 SOUTH POWERLINE ROAD, SUITE 110		STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH FL 33442		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Vincent J. Perini DATE 3-26-01 DAYTIME PHONE # 954-776-3447
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)