

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000007863

1. Entity Name
CITY SERVICE GROUP, INC.

Principal Place of Business
634 N.E. 3RD AVE.
FORT LAUDERDALE FL 33304

Mailing Address
634 N.E. 3RD AVE.
FORT LAUDERDALE FL 33304

2. Principal Place of Business
1982 N. State Rd 7
Suite, Apt. #, etc.

3. Mailing Address
P. O. Box 14548
Suite, Apt. #, etc.

City & State
Margate, FL

City & State
Ft. Lauderdale, FL

4. FEI Number 65-0579089

Applied For
Not Applicable

Zip 33063 Country Broward

Zip 33302-4548 Country Broward

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

6. Name and Address of Current Registered Agent

LOZOFF, MICHAEL-D
HERZFELD & RUBIN
801 BRICKELL AVE., STE. 1501
MIAMI FL 33131

7. Name and Address of New Registered Agent

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 _____
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE	D	<input type="checkbox"/> Delete
NAME	MARQUARDT, WILLIAM F	
STREET ADDRESS	634 N.E. 3RD AVE.	
CITY-ST-ZIP	FORT LAUDERDALE FL 33304	
TITLE	D	<input type="checkbox"/> Delete
NAME	WARD, LAURA	
STREET ADDRESS	P.O. BOX 30442 (N/A)	
CITY-ST-ZIP	FORT LAUDERDALE FL 33303	
TITLE	D	<input type="checkbox"/> Delete
NAME	DANZ, GEORGE H	
STREET ADDRESS	115 S. ANDREWS AVE., ROOM A540	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE	D	<input type="checkbox"/> Delete
NAME	OBAN, MARCIA	
STREET ADDRESS	115 S. ANDREWS AVE., ROOM A680	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE	D	<input type="checkbox"/> Delete
NAME	REATH, TOUCH	
STREET ADDRESS	634 N.E. 3RD AVE.	
CITY-ST-ZIP	FORT LAUDERDALE FL 33304	
TITLE	D	<input type="checkbox"/> Delete
NAME	ADAMS, DAMON	
STREET ADDRESS	100 N. ANDREWS AVE., FINANCE DEPT.	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	

12. 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
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	

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
William F. Marquardt

Date Daytime Phone #

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90006 029 ***150.00

100072



DO NOT WRITE IN THIS SPACE

0213396

CR2E034 (10/00)

William F. Marquardt
Director
1/08/01
954-745-2312