

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 91047 026 \*\*\*150.00

0328411 AV

**DOCUMENT # P95000007863**

1. Entity Name  
**CITY SERVICE GROUP, INC.**



Principal Place of Business  
**1982 N STATE RD 7  
MARGATE FL 33063**

Mailing Address  
**P.O. BOX 14548  
FT LAUDERDALE FL 33302-4548  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0579089**

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

~~LOZOFF, MICHAEL D~~

~~HERZFELD & RUBIN~~

~~201 BRICKEN AVE, STE 1501~~ **80 S.W. 8 Street**  
~~MIAMI FL 33131~~ **Miami, FL 33130**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **MARQUARDT, WILLIAM F**  
STREET ADDRESS **634 N.E. 3RD AVE.**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33304**

TITLE **D** ☒ Change ☐ Addition  
NAME **Marquardt, William F**  
STREET ADDRESS **1982 N State Rd 7**  
CITY-ST-ZIP **Margate, FL 33063**

TITLE **D** ☒ Delete  
NAME **WARD, LAURA**  
STREET ADDRESS **P.O. BOX 30442 (N/A)**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33303**

TITLE **D** ☒ Change ☐ Addition  
NAME **LaRock, Mary Ann**  
STREET ADDRESS **2009 S. E 26 Terrace**  
CITY-ST-ZIP **Ft. Lauderdale, FL 33316**

TITLE **D** ☒ Delete  
NAME **DANZ, GEORGE H**  
STREET ADDRESS **115 S. ANDREWS AVE., ROOM A540**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33301**

TITLE **D** ☒ Change ☐ Addition  
NAME **Gross, Mindy**  
STREET ADDRESS **2965 W Corporate Lakes Blvd.**  
CITY-ST-ZIP **Weston, FL 33331-3626**

TITLE **D** ☐ Delete  
NAME **OBAN, MARCIA**  
STREET ADDRESS **115 S. ANDREWS AVE., ROOM A680**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33301**

TITLE **D** ☒ Change ☐ Addition  
NAME **Oban, Marcia**  
STREET ADDRESS **8606 W State Road 84**  
CITY-ST-ZIP **Davie, FL 33324**

TITLE **D** ☐ Delete  
NAME **REATH, TOUCH**  
STREET ADDRESS **634 N.E. 3RD AVE.**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33304**

TITLE **D** ☒ Change ☐ Addition  
NAME **Reath, Touch**  
STREET ADDRESS **1982 N State Rd 7**  
CITY-ST-ZIP **Margate, FL 33063**

TITLE **D** ☐ Delete  
NAME **ADAMS, DAMON**  
STREET ADDRESS **100 N. ANDREWS AVE., FINANCE DEPT.**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33301**

TITLE **D** ☒ Change ☐ Addition  
NAME **Adams, Damon R**  
STREET ADDRESS **2440 Middle River Drive**  
CITY-ST-ZIP **Ft. Lauderdale, FL 33305**

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 by the director or 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:**

**SIGNATURE REQUIRED**  
Signature and Typed or Printed Name of Signing Officer or Director  
**William F. Marquardt**

Date

Daytime Phone #

CR2E034 (10/02)