

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90157 004 ***150.00

DOCUMENT # **P96000066020 (4)**

1. Entity Name

CLIENT BUILDERS, INC.

Principal Place of Business

~~4700 N STATE RD 7~~
~~#221~~
~~FT. LAUDERDALE, FL~~

Mailing Address

~~4700 N STATE RD 7~~
~~#221~~
~~FT. LAUDERDALE, FL~~

2. Principal Place of Business

2825 N. UNIVERSITY DR.
#410

3. Mailing Address

5251 NW 96 DRIVE

City & State

CORAL SPRINGS, FL

City & State

CORAL SPRINGS, FL

4. FEI Number

65-0686843

Applied For

Not Applied

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DONNA J. KENT
~~4700 N STATE RD 7~~ ~~#221~~
~~FT. LAUDERDALE, FL~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

5251 NW 96 DRIVE

City

CORAL SPRINGS

FL

Zip Code

33076

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

4-13-01

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 ☐ Delete

NAME **D**
DONNA J. KENT
STREET ADDRESS **5251 NW 96 DR.**
CITY-STATE-ZIP **CORAL SPRINGS, FL 33076**

TITLE ☐ Delete

NAME **D**
LOANDES LAVASTIDA
STREET ADDRESS **5251 NW 96 DR.**
CITY-STATE-ZIP **CORAL SPRINGS, FL 33076**

TITLE ☒ Delete

NAME **D**
TRACY MARTIN
STREET ADDRESS **255 NW 100 AVE.**
CITY-STATE-ZIP **PLANTATION, FL 33324**

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-STATE-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-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

4-13-01