

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90064 013 ***150.00

DOCUMENT # P96000084706

1. Entity Name
CORNWALL PROPERTIES, INC.



Principal Place of Business
**1600 ROYAL PALM WAY
BOCA RATON FL 33432**

Mailing Address
**1600 ROYAL PALM WAY
BOCA RATON FL 33432**

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 **59-3411916**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**ROSEMURGY, JAMES M
1600 ROYAL PALM WAY
BOCA RATON FL 33432**

7. Name and Address of New Registered Agent

Name **ALEXANDER S. ROSEMURGY**
Street Address (P.O. Box Number is Not Acceptable)
1600 Royal Palm Way
City **BOCA RATON** FL Zip Code **33432**

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

(NOTE: Registered Agent signature required when reinstating)

1/3/03
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

TITLE **DP** ☒ Delete
NAME **ROSEMURGY, JAMES M**
STREET ADDRESS **2844 BANYAN CIRCLE NW**
CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE **DST** ☒ Delete
NAME **ROSEMURGY, DEANNA**
STREET ADDRESS **2844 BANYAN CIRCLE NW**
CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☐ Change ☒ Addition
NAME **ALEXANDER S. ROSEMURGY**
STREET ADDRESS **1600 Royal Palm Way**
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE **VICE-PRESIDENT** ☒ Change ☒ Addition
NAME **JAMES M. ROSEMURGY**
STREET ADDRESS **1600 Royal Palm Way**
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE **SECRETARY, TREASURER** ☒ Change ☒ Addition
NAME **DEANNA C. ROSEMURGY**
STREET ADDRESS **1600 Royal Palm Way**
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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; 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 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

1/3/03
Date

561-395-9440
Daytime Phone #

CR2E034 (10/02)