

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 21, 2000 8:00 am**  
**Secretary of State**

01-21-2000 90053 036 \*\*\*150.00

**DOCUMENT # P97000052513**

1. Entity Name

**FORTRESS INDUSTRIES, INC.**

Principal Place of Business

Mailing Address

1281 N. OCEAN DRIVE  
 SUITE 159  
 RIVIERA BEACH FL 33404

1281 N. OCEAN DRIVE  
 SUITE 159  
 RIVIERA BEACH FL 33404-4739

00005015



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1194 Old Dixie Highway

1194 Old Dixie Hwy.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite # 14

Suite # 14

City & State

City & State

Lake Park, FL

Lake Park, FL

4. FEI Number

65-0759350

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BORNSTEIN, MICHAEL  
 1030 POWELL DR.  
 RIVIERA BEACH FL 33404

Name

Stephan R. Clifford

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

3640 Lake Shore Drive

City

Riviera Shores

FL

Zip Code

33404

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]*

Stephan R. Clifford

1/12/00

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, 2000 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  Delete  
 NAME V  
 CHAPIN, NEIL  
 STREET ADDRESS 1030 POWELL DR  
 CITY-ST-ZIP RIVIERA BEACH FL 33404

TITLE  Change  Addition  
 NAME V  
 CHAPIN, NEIL  
 STREET ADDRESS 1281 N. Ocean Dr, Suite 159  
 CITY-ST-ZIP Singer Island, FL 33404

TITLE  Delete  
 NAME STD  
 PRESZ, LINDA  
 STREET ADDRESS 770 LORI DR., SUITE 246  
 CITY-ST-ZIP PALM SPRINGS FL 33461

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME PD  
 BRAUGHT, WILLIAM  
 STREET ADDRESS 770 LORI DR., SUITE 246  
 CITY-ST-ZIP PALM SPRINGS FL 33461

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephan R. Clifford

Date

1/12/00

Daytime Phone #

561-845-3765

CR2E034 (9/99)