

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000052513

1. Entity Name

FORTRESS INDUSTRIES, INC.

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

01-21-2000 90053 036 ***150.00

00005015



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1281 N. OCEAN DRIVE SUITE 159 RIVIERA BEACH FL 33404	Mailing Address 1281 N. OCEAN DRIVE SUITE 159 RIVIERA BEACH FL 33404-4739
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2. Principal Place of Business 1194 Old Dixie Highway	3. Mailing Address 1194 Old Dixie Hwy.
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Suite, Apt. #, etc. Suite # 14	Suite, Apt. #, etc. Suite # 14
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City & State Lake Park, FL	City & State Lake Park, FL
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Zip 33403	Country USA	Zip 33403	Country USA
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4. FEI Number 65-0759350	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BORNSTEIN, MICHAEL 1030 POWELL DR. RIVIERA BEACH FL 33404	7. Name and Address of New Registered Agent Name Stephan R. Clifford Street Address (P.O. Box Number is Not Acceptable) 3640 Lake Shore Drive City Riviera Shores FL Zip Code 33404
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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 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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CHAPIN, NEIL 1030 POWELL DR RIVIERA BEACH FL 33404 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Chapin, Neil 1281 N. Ocean Dr, Suite 159 Singer Island, FL 33404 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PRESZ, LINDA 770 LORI DR., SUITE 246 PALM SPRINGS FL 33461 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRAUGHT, WILLIAM 770 LORI DR., SUITE 246 PALM SPRINGS FL 33461 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Stephan R. Clifford 1/12/00 561-845-3765
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)