

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 06, 2002 8:00 am  
Secretary of State

02-06-2002 90004 030 \*\*\*150.00

**DOCUMENT # P97000052513**

1. Entity Name  
**FORTRESS INDUSTRIES, INC.**

Principal Place of Business

**1194 OLD DIXIE HWY  
SUITE #14  
LAKE PARK FL 33403**

Mailing Address

**1194 OLD DIXIE HWY  
SUITE #14  
LAKE PARK FL 33403**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0759350**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**CLIFFORD, STEPHEN R  
3640 LAKESHORE DRIVE  
RIVIERA BEACH FL 33404**

7. Name and Address of New Registered Agent

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.

SIGNATURE

*[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-13-02**

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, 2002 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                                      | NAME | STREET ADDRESS   | CITY - ST - ZIP                                      | TITLE  | NAME | STREET ADDRESS   | CITY - ST - ZIP                                  |
|--|------|------------------|--|--|------|------------------|--|
| <input checked="" type="checkbox"/> Delete | V    | CHAPIN, NEIL     | 1281 N OCEAN DR. SUITE 159<br>SINGER ISLAND FL 33404 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |      |                  |  |
| <input type="checkbox"/> Delete            | STD  | PRESZ, LINDA     | 770 LORI DR., SUITE 246<br>PALM SPRINGS FL 33461     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | STD  | Presz Linda      | 1466 Overseas Highway<br>Marathon, FL 33050      |
| <input type="checkbox"/> Delete            | PD   | BRAUGHT, WILLIAM | 770 LORI DR., SUITE 246<br>PALM SPRINGS FL 33461     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | PD   | Brought William  | 1466 Overseas Highway<br>Marathon, FL 33050      |
| <input type="checkbox"/> Delete            |      |                  |  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | VP   | Stephan Clifford | 3640 Lakeshore Drive<br>Riviera Shores, FL 33404 |
| <input type="checkbox"/> Delete            |      |                  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |      |                  |  |
| <input type="checkbox"/> Delete            |      |                  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |      |                  |  |
| <input type="checkbox"/> Delete            |      |                  |  | <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: *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-13-02 561-845-3765**

Date

Daytime Phone #

CR2E034 (9/01)