

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2003 8:00 am
Secretary of State

05-23-2003 90144 037 ***150.00

0377073 AV

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

2. Principal Place of Business

3. Mailing Address

1194 OLD DIXIE HWY

1194 OLD DIXIE HWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

18

18

City & State

City & State

LAKE PARK, FL

LAKE PARK, FL

Zip

Country

Zip

Country

33403

USA

33403

USA



☒ CHECK HERE IF MAKING CHANGES

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

CLIFFORD, STEPHEN R
3640 LAKESHORE DRIVE
RIVIERA BEACH FL 33404

Name **WILLIAM BRAUGHT**

Street Address (P.O. Box Number is Not Acceptable)
1466 OVERSEAS HWY

City **MARATHON**

FL

Zip Code **33050**

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 *William A. Braught*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

5/21/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **STD** ☐ Delete
NAME **PRESZ, LINDA**
STREET ADDRESS **1466 OVERSEAS HWY**
CITY-ST-ZIP **MARATHON FL 33050**

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

TITLE **PD** ☐ Delete
NAME **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 **VP** ☒ Delete
NAME **STEPHEN, CLIFFORD**
STREET ADDRESS **3640 LAKESHORE DRIVE**
CITY-ST-ZIP **WEST PALM BEACH FL 33404**

TITLE **VP** ☐ Change ☒ Addition
NAME **MICHAEL BORNGEIN**
STREET ADDRESS **3417 FLORAL AVE.**
CITY-ST-ZIP **WEST PALM BEACH, FL 33407**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **NEIL CHAPIN**
STREET ADDRESS **1281 N. OCEAN DR., #159**
CITY-ST-ZIP **SINGER ISLAND, FL 33404**

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

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:

LINDA M. PRESZ

05/21/03

561-845-3765

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)