## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## P97000077837 **DOCUMENT #**

1. Entity Name

SIEGEL E.&E. SERVICES, INC.



## **FILED** Feb 13, 2003 8:00 am Secretary of State

02-13-2003 90257 019 \*\*\*158.75



						A STATE OF						
Principal Place of Business 1880 NW 54TH AVENUE BLDG E MARGATE FL 33063			Mailing Address 1880 NW 54TH AVENUE BLDG E MARGATE FL 33063									
2. Principal Place of Business			3. Mailing Address						[ (961)481 (76 1471( 1883) 48411 444	.,		
Suite, Apt. #, etc.			Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State					4. FEI Number 65-0777532			Not	lied For Applicable
Zip	Zip Country				Coun	Country			ertificate of Status Desired	<u> </u>	\$8.75 Addit Fee Required	ional
	6. Name and	Address of Current Re	Registered Agent				7. Name and Address of New Registered Agent					
G. Harrows Constitution						Name SIEGEL, ROBERT 5						
SIEGEL, ROBERT S					نسيه جد سمع	Street Ad	dress (P	O Bo	ox Number is Not Acceptable	9)		
8951; W ATLANTIC BLVD, UNIT A						Olicotyla				<u> </u>		
	RINGS FL 3307					744	1 ~	N. I	) 42 CT			
CURAL SFI	HINGS FL 3307	1				Zip Code						
×q							-AUI/CI4-TIII					>' <u>'</u> '
9 The above i	named entity sub	mits this statement for th	ne purp	ose of changing its	register	ed office or	registere	d age	ent, or both, in the State of FI	orida. I am	familiar with, a	ind accept
the obligation	ons of registered	agent.										
				P	6-	d Agent signatur	¿ .	./	<u> </u>			
SIGNATURE _	Signature, typed or prin	ted name of registered agent and	title if app	licable. (NOT	E: Registere	d Agent signatu	re required	when rei	instating)	DATE		
After	May 1, 2003. F	EE IS \$150.00 ee will be \$550.00	itate	•					9. Election Campaign F Trust Fund Contributi			May Be to Fees
Make Check Payable to Florida Department of State									L DITIONS/CHANGES TO OF	FICERS AN	D DIRECTORS	IN 11
	14	OFFICERS AND DI	RECIC		11.		0				Change	☐ Addition
	D DODE	TOT C		Delete	TITL		SIE	Œ	1, Robert ? Jul 42 ct	5.	_	
NAME SIEGEL, ROBERT S SIREET ADDRESS 9205 RAMBLE WORD DR APT						EET ADDRESS	744	1 ~	JW 42 CI			
STREET ADDRESS   9205 RAMBLE WURD DR APT			02.			Y-ST-ZIP	LAL	DE	orzhill, FL	3331		
CHY-SI-ZIP	CORAL SERIE	, , , , , , , , , , , , , , , , , , , ,				F	<del>-</del>			*	Change	☐ Addition
TITLE				□ Delete	NA!							
NAME STREET ADDRESS					STE	REET ADDRESS						
CITY-ST-ZIP					CIT	Y-ST-ZIP						
TITLE				☐ Delete	TIT	LE					☐ Change	☐ Addition
NAME			•			ME	· • •		e e e e e e e e e e e e e e e e e e e		-	
STREET ADDRESS	]					REET ADDRESS						
CITY-ST-ZIP					-	Y-ST-ZIP					Change	Addition
TITLE				Delete		LE					orange	
NAME	1				- 1	ME REET ADDRESS				Ü		
STREET ADDRESS						TY-ST-ZIP						
CITY-ST-ZIP					_+	LE	├				Change	Addition
TITLE				☐ Delete		.ME						
NAME STREET ADDRESS					ST	REET ADDRESS						
CITY-ST-ZIP					CI	TY-ST-ZIP						
	<del>                                     </del>			☐ Delete	TI	TLE					☐ Change	Addition
TITLE NAME						ME						
STREET ADDRESS				•	1	REET ADDRESS						
OUTV CT 7ID						TY-ST-ZIP	<u> </u>					:_f
12. I hereby	certify that the in	formation supplied with	this filin	g does not qualify	for the ex t my sign	kemption sta nature shall l	ated in S have the	ection same	119.07(3)(i), Florida Statute e legal effect as if made und	s. I further o	certify that the I am an office s in Block 10 c	r or director

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:

SIZE FUNE REDINES SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # Date