

2001 UNIFORM BUSINESS REPORT (UBR)

4/2

FILED
May 29, 2001 8:00 am
Secretary of State

04-30-2001 90087 038 ***150.00

DOCUMENT # P97000085615

1. Entry Name

EIGHTEENTH COURT, INC.

Principal Place of Business

Mailing Address

**713 SE 18TH CT
 FT. LAUDERDALE FL 33316
 US**

**P.O. BOX 2403
 FT. LAUDERDALE FL 33304 33303**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0791307

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

**CASORIA, S.M.III
 713 SE 18TH CT
 FT. LAUDERDALE FL 33304**

Name

FRANCIS P. FOX

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

**713 S.E. 18th Court
 Fort Lauderdale**

Zip Code

33316

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

Francis P. Fox

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

(NOTE: Registered Agent signature required when not voting)

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, 2001 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

TITLE	D	☒ Delete
NAME	CASORIA, S.M.III	
STREET ADDRESS	1640 BAYVIEW DRIVE - #800	
CITY-ST-ZIP	FT. LAUDERDALE FL 33304	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	☒ Change ☐ Addition
NAME	FRANCIS P. FOX	
STREET ADDRESS	P.O. BOX 2403	
CITY-ST-ZIP	Fort Land. 33303	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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; changed, or on an attachment with an address, with all other like employees.

SIGNATURE

Francis P. Fox

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 23rd

Date **2001**

Daytime Phone #

954.524

0474

CR2E034 (10/00)