

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000038220

1. Entity Name

CSP BUILDERS, INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90057 035 ***150.00

Principal Place of Business

Mailing Address

3405 LEIGH ROAD
POMPANO BEACH FL 33062

3405 LEIGH ROAD
POMPANO BEACH FL 33062-2928

2. Principal Place of Business

13487 BARWICK RD

Suite, Apt. #, etc.

3. Mailing Address

13487 BARWICK RD

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Delray Bch, FL

Zip

33445 Palm Bch

City & State

Delray Bch, FL

Zip

33445 Palm Bch

4. FEI Number

65-0831897

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

ST PETER, CHRISTOPHER
3405 LEIGH ROAD
POMPANO BEACH FL 33062

Name

Christopher ST. PETER

Street Address (P.O. Box Numbers Not Acceptable)

13487 BARWICK ROAD

City

Delray Bch

FL

Zip

33445

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, 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)

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.



\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PVST	<input type="checkbox"/> Delete
NAME	DST PETER, CHRISTOPHER	
STREET ADDRESS	3405 LEIGH ROAD	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	13487 BARWICK RD	
CITY-ST-ZIP	Delray Bch, FL 33445	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Christopher St. Peter*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-00 561-499-1235
Date Daytime Phone #

CR2E034 (9/99)