

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91157 038 \*\*\*150.00

**DOCUMENT # P98000074162**

1. Entity Name  
**CUSP ASTROLOGY & ZODIAC, INC.**

Principal Place of Business  
**631 US HIGHWAY ONE  
 STE-411  
 NORTH PALM BEACH FL 33408**

Mailing Address  
**P O BOX 33118  
 PALM BEACH GARDENS FL 33420-3118**

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 **65-0941584**

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

**ROBBINS, STEVEN L ESQ  
 11911 US HWY ONE STE-309  
 NORTH PALM BEACH FL 33408**

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, 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, 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 **DSTV**  
 STREET ADDRESS **NELSON, J. ANTHONY**  
 CITY-ST-ZIP **1609 PALMAJOE LANE**  
**WELLINGTON FL 33414**

TITLE  
 NAME  
 STREET ADDRESS **1609 PRIMROSE LANE**  
 CITY-ST-ZIP

TITLE  
 NAME **DP**  
 STREET ADDRESS **FANTIN, JAMES**  
 CITY-ST-ZIP **631 US HIGHWAY ONE STE 411**  
**NORTH PALM BEACH FL 33408**

TITLE  
 NAME  
 STREET ADDRESS **11911 U.S. Highway one, Ste. 209**  
 CITY-ST-ZIP

TITLE  
 NAME **STEVEN L. ROBBINS**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **DIRECTOR**  
 NAME **STEVEN L. ROBBINS**  
 STREET ADDRESS **11911 U.S. Highway one, Ste. 309**  
 CITY-ST-ZIP **NORTH PALM BEACH, FL 33408**

TITLE  
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 CITY-ST-ZIP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**STEVEN L. ROBBINS 4/29/02 561-329-4492**

CR2E034 (9/01)