

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 09, 2002 8:00 am
Secretary of State

07-09-2002 90370 036 ***150.00

DOCUMENT # P99000039680

1. Entity Name
CLB SERVICES, INC.

Principal Place of Business

1058 NW 6TH DRIVE
 BOCA RATON FL 33456

Mailing Address

1058 NW 6TH DRIVE
 UNIT K25
 BOCA RATON FL 33456

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 **65-0916954**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

DUGAN, DEBORAH
 1058 NW 6TH DRIVE
 BOCA RATON FL 33486

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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	P	<input type="checkbox"/> Delete
NAME	DUGAN, DEBORAH	
STREET ADDRESS	1058 NW 6TH DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33486	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-2-02

CR2E034 (4/02)

Attachment
P99000039680
119876

TO: Florida Dept of State, Division of Corporations

FROM: Deborah Dugan, for CLB Services, Inc.
FEI Number: 65-0916954

RE: 2002 Uniform Business Report

Due to the unfortunate event of a major house fire which forced us to relocate unexpectedly, I never received the original forms for my 2002 Uniform Business Report. I have attached our fire department's report as proof, for your reference. Please accept this report in place of the original, along with the original required payment of \$150. I am hoping that due to these unfortunate events which were beyond our control, I will not be required to pay the late fee. Thanks you for your assistance in this matter.

A	06142 FDID	FL State	08/17/2001 Incident Date	ST2 Station	2001009420 Incident Number	00 Exposure	119376	NFIRS -1 Basic
----------	---------------	-------------	-----------------------------	----------------	-------------------------------	----------------	--------	---------------------------

B Location	<input type="checkbox"/> See Wildland Fire Module for Location							
1 Street address	1058	NW	6TH	DR				
	Number/Milepost	Prefix	Street or Highway	Street Type Suffix				
	BOCA RATON			FL	33431-			
	Apt./Suite/Room	City	State	Zip Code				
Cross Street or Directions								

C Incident Type 111 Building fire Incident Type	E1 Dates & Times	E2 Shifts & Alarms Local Option																					
D Aid Given or Received N None	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th></th> <th>Date</th> <th>Time</th> </tr> <tr> <td>Alarm</td> <td>08/17/2001</td> <td>21:53:56</td> </tr> <tr> <td><input checked="" type="checkbox"/> Arrival</td> <td>08/17/2001</td> <td>21:58:30</td> </tr> <tr> <td><input checked="" type="checkbox"/> Controlled</td> <td>08/17/2001</td> <td>22:10:00</td> </tr> <tr> <td><input type="checkbox"/> Last Unit Cleared</td> <td>08/18/2001</td> <td>01:33:09</td> </tr> </table>		Date	Time	Alarm	08/17/2001	21:53:56	<input checked="" type="checkbox"/> Arrival	08/17/2001	21:58:30	<input checked="" type="checkbox"/> Controlled	08/17/2001	22:10:00	<input type="checkbox"/> Last Unit Cleared	08/18/2001	01:33:09	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>B</td> <td>5</td> <td>2</td> </tr> <tr> <td>Shift or platoon</td> <td>Alarms</td> <td>District</td> </tr> </table>	B	5	2	Shift or platoon	Alarms	District
		Date	Time																				
	Alarm	08/17/2001	21:53:56																				
	<input checked="" type="checkbox"/> Arrival	08/17/2001	21:58:30																				
<input checked="" type="checkbox"/> Controlled	08/17/2001	22:10:00																					
<input type="checkbox"/> Last Unit Cleared	08/18/2001	01:33:09																					
B	5	2																					
Shift or platoon	Alarms	District																					
E3 Special Studies Local Option																							
Special Study ID# Special Study Value																							

F Action Taken	G1 Resources	G2 Estimated Dollar Losses & Values																												
11 Extinguish Primary Action Taken (1) 12 Salvage & overhaul Additional Action Taken (2) 80 Information, investigation & enforcement, Additional Action Taken (3)	<input type="checkbox"/> Check this box and skip this section if an Apparatus or Personnel form is used. <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th></th> <th>Apparatus</th> <th>Personnel</th> </tr> <tr> <td>Suppression</td> <td>8</td> <td>20</td> </tr> <tr> <td>EMS</td> <td>0</td> <td>0</td> </tr> <tr> <td>Other</td> <td>2</td> <td>2</td> </tr> </table> <input type="checkbox"/> Check box if resource counts include aide received resources.		Apparatus	Personnel	Suppression	8	20	EMS	0	0	Other	2	2	LOSSES: Required for all fires if known. Optional for non fires. None <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Property</td> <td>\$</td> <td>20,000</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Contents</td> <td>\$</td> <td>10,000</td> <td><input type="checkbox"/></td> </tr> </table> PRE-INCIDENT VALUE: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Property</td> <td>\$</td> <td>180,000</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Contents</td> <td>\$</td> <td>50,000</td> <td><input type="checkbox"/></td> </tr> </table>	Property	\$	20,000	<input type="checkbox"/>	Contents	\$	10,000	<input type="checkbox"/>	Property	\$	180,000	<input type="checkbox"/>	Contents	\$	50,000	<input type="checkbox"/>
	Apparatus	Personnel																												
Suppression	8	20																												
EMS	0	0																												
Other	2	2																												
Property	\$	20,000	<input type="checkbox"/>																											
Contents	\$	10,000	<input type="checkbox"/>																											
Property	\$	180,000	<input type="checkbox"/>																											
Contents	\$	50,000	<input type="checkbox"/>																											

Completed Modules	H1 Casualties	H3 Hazardous Materials Release	Mixed Use Property						
<input checked="" type="checkbox"/> Fire-2 <input checked="" type="checkbox"/> Structure-3 <input type="checkbox"/> Civilian Fire Cas.-4 <input type="checkbox"/> Fire Serv. Casualty-5 <input type="checkbox"/> EMS-6 <input type="checkbox"/> HazMat-7 <input type="checkbox"/> Wildland Fire-8 <input checked="" type="checkbox"/> Apparatus-9 <input checked="" type="checkbox"/> Personnel-10 <input type="checkbox"/> Arson-11	<input checked="" type="checkbox"/> None <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Fire Service</td> <td>Deaths</td> <td>Injuries</td> </tr> <tr> <td>Civilian</td> <td></td> <td></td> </tr> </table> H2 Detector 2 Detector did not alert occupants	Fire Service	Deaths	Injuries	Civilian			N None	NN Not mixed use
Fire Service	Deaths	Injuries							
Civilian									

J Property Use	419 1 or 2 family dwelling
-----------------------	----------------------------

M Authorization	Officer in charge ID Signature Rank	2K22 Assignment	08/22/2001 Date
Check box if same as Officer in charge <input type="checkbox"/> 10896 Member making report ID	Signature Mitch Greenberg	FF Rank	ACT LT E2 Assignment
			08/18/2001 Date