

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000090498

1. Entity Name

CSP INNOVATIVE ENGINEERING, INC.

FILED

Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90035 044 ***150.00

Principal Place of Business

Mailing Address

286 107TH AVE
ST. PETERSBURG FL 33706

286 107TH AVE
ST. PETERSBURG FL 33706-4700

5921 BAHIA WAY N.
ST. PETE BEACH FLORIDA
33706

5921 BAHIA WAY N.
ST. PETE BEACH FLORIDA
33706

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

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

COLBY, ALFRED A
100 N. TAMPA ST., SUITE 1900
TAMPA FL 33602

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, 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 ☐ Delete
NAME D
STREET ADDRESS POLAND, DOUGLAS J
CITY-ST-ZIP 286 107TH AVE. 5921 BAHIA WAY N.
ST. PETERSBURG FL 33706 ST. PETE BEACH FLORIDA 33706

TITLE ☒ Change ☐ Addition
NAME 5921 BAHIA WAY N.
STREET ADDRESS ST. PETE BEACH FLORIDA
CITY-ST-ZIP 33706

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 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

3/21/00

Date

727-367-0405

Daytime Phone #

CR2E034 (9/99)