

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2003 8:00 am**  
**Secretary of State**

DOCUMENT # **S32617**

1. Entity Name  
**CPSP, INC.**



03-26-2003 90383 001 \*\*\*\*17.50  
03-26-2003 90383 002 \*\*\*150.00

Principal Place of Business  
**3056 S SR 7  
STE 48  
MIRAMAR FL 33023  
US**

Mailing Address  
**3056 S SR 7  
STE 48  
MIRAMAR FL 33023  
US**

2. Principal Place of Business

**635 W. Valley DR**

Suite, Apt. #, etc.

3. Mailing Address

**635 W. Valley DR**

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State  
**BONITA SPRINGS**

Zip  
**34134**

Country  
**Collier**

City & State  
**BONITA SPRINGS, FL**

Zip  
**34134**

Country  
**Collier**

4. FEI Number **65-0253234**

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**PHILIPP, CHARLES A  
630 SW 66TH TERR.  
PEMBROKE PINES FL 33023**

7. Name and Address of New Registered Agent

Name **CHARLES A. PHILIPP**

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

**635 W. Valley DR.**

City **BONITA SPRINGS** FL **34134**

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

**2/25/03**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **DVS** ☐ Delete  
NAME **PHILIPP, SHEILA K.**  
STREET ADDRESS **630 SW 66 TERR**  
CITY-ST-ZIP **PEMBROKE PINES FL**

TITLE **DP** ☐ Delete  
NAME **PHILIPP, CHARLES A.**  
STREET ADDRESS **630 SW 66 TERR**  
CITY-ST-ZIP **PEMBROKE PINES FL**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME **635 W. Valley DR**  
STREET ADDRESS **BONITA SPRINGS, FL. 34134**  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME **635 W. Valley DR.**  
STREET ADDRESS **BONITA SPRINGS, FL. 34134**  
CITY-ST-ZIP

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

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

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

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

12. 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 10 or Block 11 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

**2/25/03 239 498 0701**

Date

Daytime Phone #

CR2E034 (10/02)