

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000089458

**Entity Name:** COURTYARD BUSINESS CENTER, INC.**Current Principal Place of Business:**10194 NW 47TH STREET  
SUNRISE, FL 33351**Current Mailing Address:**10194 NW 47TH STREET  
SUNRISE, FL 33351 US**FEI Number:** 65-0790148**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CARL G SANTANGELO LLC  
3300 N FEDERAL HIGHWAY  
#200  
FORT LAUDERDALE, FL 33306 US*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:** CARL SANTANGELO

03/20/2025

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                      |
|-----------------|----------------------|
| Title           | D                    |
| Name            | VITOLO, JOSEPH       |
| Address         | 10194 NW 47TH STREET |
| City-State-Zip: | SUNRISE FL 33351     |

|                 |                      |
|-----------------|----------------------|
| Title           | D                    |
| Name            | VITOLO, RENEE        |
| Address         | 10194 NW 47TH STREET |
| City-State-Zip: | SUNRISE FL 33351     |

|                 |                      |
|-----------------|----------------------|
| Title           | P, D                 |
| Name            | HINGSON, JESSICA R   |
| Address         | 10194 NW 47TH STREET |
| City-State-Zip: | SUNRISE FL 33351     |

|                 |                      |
|-----------------|----------------------|
| Title           | VP                   |
| Name            | HINGSON, MARK        |
| Address         | 10194 NW 47TH STREET |
| City-State-Zip: | SUNRISE FL 33351     |

|                 |                      |
|-----------------|----------------------|
| Title           | OFFICER              |
| Name            | STOLL, GEOFFREY      |
| Address         | 10194 NW 47TH STREET |
| City-State-Zip: | SUNRISE FL 33351     |

|                 |                      |
|-----------------|----------------------|
| Title           | OFFICER              |
| Name            | BENSON, DAVID        |
| Address         | 10194 NW 47TH STREET |
| City-State-Zip: | SUNRISE FL 33351     |

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** GEOFFREY STOLL

OFFICER

03/20/2025

Electronic Signature of Signing Officer/Director Detail

Date