2001 UNIFORM BUSINESS REPORT (UBR)

0436677

DOCUMENT # P99000058735

1. Entity Name
COST SAVING AND REDUCTION SPECIALISTS, INC.

FILED
01 JAN 16 AM 10:08
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2328 GINGER TERRACE JENSEN BEACH FL 34957	2328 GINGER TERRACE JENSEN BEACH FL 34957

2. Principal Place of Business	3. Mailing Address
2671 SW Port St. Lucie Blvd Suite, Apt. #, etc.	2671 SW Port St Lucie Blvd Suite, Apt. #, etc.
City & State: Port St. Lucie FL	City & State: Port St. Lucie Fl
Zip: 34953 Country: USA	Zip: 34953 Country: USA

4. FEI Number 65-0940017 ☐ 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
FEDERGREEN, SUSAN 2328 GINGER TERRACE JENSEN BEACH FL 34957	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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 / STREET ADDRESS / CITY-ST-ZIP	PT HENOUX, RICHARD 2328 GINGER TERRACE JENSEN BEACH FL 34957	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 2671 SW Port St. Lucie Blvd Port St Lucie Fl 34953
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS FEDERARGEN, WARREN 2328 GINGER TERRACE JENSEN BEACH FL 34957	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 2671 SW Port St. Lucie Blvd Port St. Lucie Fl 34953
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CR2E034 (10/00)

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: WARREN FEDERGREEN 1/4/01 561-344 7334
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #