

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 04, 2002 8:00 am**  
**Secretary of State**

06-04-2002 90221 018 \*\*\*150.00

DOCUMENT # **P99000045736** (Last Year)

1. Entity Name  
**COMMON SENSE FINANCIAL SERVICES, INC.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**1091 E. SHORE DRIVE**

Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 17782**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**W. PALM BEACH, FL**

City & State  
**W. PALM Bch, FL**

4. FEI Number  
**65-0910294**

Applied For  
Not Applicable

Zip  
**33406**

Country  
**Palm Beach**

Zip  
**33416**

Country  
**Palm Bch**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
**CHARLES M. MARTINEZ**

Street Address (P.O. Box Number is Not Acceptable)  
**1091 EAST SHORE DRIVE**

City **W. PALM BEACH** **FL** Zip Code **33406**

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) ☐

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D CHARLES M. MARTINEZ**  
**1091 E. SHORE DRIVE**  
**W. PALM BEACH FL 33406**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D JOSEPHINE DURAN-MARTINEZ**  
**1091 E. SHORE DRIVE**  
**W. PALM BEACH, FL 33406**

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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 on an attachment with an address with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**June 1, 2002**

Date

**(561) 966-8526**

Daytime Phone #

CR2E034B (12/01)