

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # P99000045736 (old)

1. Entity Name

COMMON SENSE FINANCIAL
SERVICES, INC.



03 JUL -9 AM 8:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 BEACH, FL

4. FEI Number

65-0910294

Applied For

Not Applicable

Zip

33406

Country

USA

Zip

33416

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

CHARLES M. MARTINEZ

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

1091 E. SHORE DR.

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. 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

JUNE 5, 2003

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME

STREET ADDRESS

CITY-ST-ZIP

DIR CHARLES M. MARTINEZ
1091 E. SHORE DR.
W. PALM BEACH, FL 33406

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

400020777704

06/11/03-01048-010 **150.00

TITLE
NAME

STREET ADDRESS

CITY-ST-ZIP

DIR JOSEPHINE DURAN-MARTINEZ
1091 E. SHORE DR.
W. PALM BEACH, FL 33406

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUNE 5, 2003

Date

Daytime Phone #

(561)
966-8526

CR2E034B (12/02)