

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2003 8:00 am
Secretary of State

03-06-2003 90127 049 ***150.00

DOCUMENT # 483493

1. Entity Name
CUSTOMER SERVICE, INC.



Principal Place of Business
**150 OXFORD ROAD, SUITE 140
P O BOX 300789
FERN PARK FL 32730-7789**

Mailing Address
**150 OXFORD ROAD, SUITE 140
P O BOX 300789
FERN PARK FL 32730-7789**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1616886**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ROBINSON, PETER G.
315 GREYTWIG ROAD
VERO BEACH FL**

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	ROBINSON, PETER G.	315 GREYTWIG ROAD	VERO BEACH FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VD	ROBINSON 4TH, JOSEPH D.	150 OXFORD RD.	FERN PARK FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	ROBINSON, LAURA C.	2300 BARBADOS	WINTER PARK FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VD	SHUTTS, ROBERT T.	2010 BRANDYWINE DR.	WINTER PARK FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
S	RIDGWAY, JANET L	705 YOUNGSTOWN PARKWAY, #359	ALTAMONTE SPRINGS FL 32714	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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: Joseph D. Robinson, IV **3/4/03** **407-831-2211**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)