

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 17, 2001 08:00 AM
Secretary of State

DOCUMENT # 560741

1. Entity Name
CGS ENTERPRISES, INC.

Principal Place of Business
910 JUNGLE AVE N.
ST. PETERSBURG FL 33710

Mailing Address
910 JUNGLE AVE N.
ST. PETERSBURG FL 33710

2. Principal Place of Business
5914 LONG BAYOU WAY SO.

3. Mailing Address
5914 LONG BAYOU WAY SO.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
ST. PETERSBURG FL

City & State
ST. PETERSBURG FL

Zip
33708

Country

Zip
33708

Country

4. FEI Number
59-1800999

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BARTLETT, WILLIAM H
200 CENTRAL AVE STE 1600

ST. PETERSBURG FL 33701

7. Name and Address of New Registered Agent

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 _____ 01/17/2001
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) ☒

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

TITLE V ☐ Delete
NAME SHEEHAN, GEORGE
STREET ADDRESS 701 58TH ST N
CITY-ST-ZIP ST PETERSBURG, FL 00000

TITLE STD ☐ Delete
NAME SHEEHAN, CAROL M
STREET ADDRESS 910 JUNGLE AVE. N.
CITY-ST-ZIP ST PETERSBURG, FL 00000

TITLE PD ☐ Delete
NAME SHEEHAN, WILLIAM S
STREET ADDRESS 910 JUNGLE AVE N.
CITY-ST-ZIP ST PETERSBURG, FL 00000

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD ☒ Change ☐ Addition
NAME SHEEHAN CAROL MSTD
STREET ADDRESS 5914 LONG BAYOU WAY S
CITY-ST-ZIP ST PETERSBURG, FL 33708

TITLE PD ☒ Change ☐ Addition
NAME SHEEHAN WILLIAM SPD
STREET ADDRESS 5914 LONG BAYOU WAY S.
CITY-ST-ZIP ST PETERSBURG, FL 33708

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: William S. Sheehan

PD

01/17/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)