

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 715688

FILED
Mar 06, 2002 8:00 AM
Secretary of State

Entity Name: COMMUNITY SERVICES NETWORK, INC.

Current Principal Place of Business:

988 WOODCOCK RD STE 200
ORLANDO, FL 32803

New Principal Place of Business:

Current Mailing Address:

988 WOODCOCK RD STE 200
ORLANDO, FL 32803

New Mailing Address:

FEI Number: 59-1357204

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALKER, WILLIAM
250 PARK AVE S
5TH FLOOR
WINTER PARK, FL 32790 US

Name and Address of New Registered Agent:

PAZ, AUGUSTINE
988 WOODCOCK RD.
SUITE 200
ORLANDO, FL 32803 US

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: AUGUSTINE PAZ

03/06/2002

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GREEN, SYDNEY
Address: 325 VALERA CT
City-St-Zip: WINTER PARK, FL

Title: DVT () Delete
Name: OTIS, CLARENCE
Address: P.O. BOX 593330
City-St-Zip: ORLANDO, FL 32859

Title: T () Delete
Name: HOECHST, CATHERINE
Address: ORHCS, 1414 KUHL AVE.
City-St-Zip: ORLANDO, FL

Title: DPT () Delete
Name: PATES, LEE
Address: CSC 621 WILKES AVE
City-St-Zip: ORLANDO, FL 32809

Title: D () Delete
Name: PAZ, AUSUTINE
Address: 988 WOODCOCK RD STE 200
City-St-Zip: ORLANDO, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: GERTZ, CAROLINE
Address: 85 W. MILLER ST., SUITE 203
City-St-Zip: ORLANDO, FL 32806

Title: DVT (X) Change () Addition
Name: BRUNNEL, MARY LOU
Address: UCF, P.O. BOX 162200
City-St-Zip: ORLANDO, FL 32816 22

Title: DPT (X) Change () Addition
Name: HOECHST, CATHERINE
Address: ORHCS, 1414 KUHL AVE.
City-St-Zip: ORLANDO, FL

Title: D (X) Change () Addition
Name: PATES, LEE
Address: CSC 621 WILKES AVE
City-St-Zip: ORLANDO, FL 32809

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AUGUSTINE PAZ

D

03/06/2002

Electronic Signature of Signing Officer or Director

Date