

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 715688

FILED
Sep 10, 2003
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:

1940 TRAYLOR BLVD.
ORLANDO, FL 32804

Current Mailing Address:

988 WOODCOCK RD STE 200
ORLANDO, FL 32803

New Mailing Address:

1940 TRAYLOR BLVD.
ORLANDO, FL 32804

FEI Number: 59-1357204

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

PAZ, AUGUSTINE
1940 TRAYLOR BLVD.
ORLANDO, FL 32804 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:

09/10/2003

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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

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

09/10/2003

Electronic Signature of Signing Officer or Director

Date