2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 734602 Mar 08, 2000 8:00 am **Secretary of State** COMMUNICATION SERVICES INTERNATIONAL, INC. 03-08-2000 90078 009 ****61.25 Principal Place of Business Mailing Address C/O JEFF WIEBE C/O JEFF WIEBE 7325 WINDSOR LANE 7325 WINDSOR LANE CLEARWATER FL 34624-7029 CLEARWATER FL 33764-7029 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-1619061 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MOULDS, LARRY D 12033 92ND WAY **LARGO FL 33540** City 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. **Department of State** FEE IS \$61.25 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition PD ☐ Delete TITLE TITI F NAME WIEBE, JEFFREY J. NAME STREET ADDRESS STREET ADDRESS 7325 WINDSOR LANE CITY-ST-ZIP CITY-ST-ZIP CLEARWATER, FL 00000 ☐ Addition Change TITLE D ☐ Delete TITLE NAME WIEBE, JORLEAN NAME STREET ADDRESS STREET ADDRESS 7325 WINDSOR LANE CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL ☐ Change Addition TITLE n ☐ Delete TITLE MOULDS, LARRY NAME NAME STREET ADDRESS STREET ADDRESS 12033 92ND WAY CITY-ST-ZIP C!TY-ST-ZIP LARGO FL Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE

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 617, 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.

CITY-ST-ZIP

NAME STREET ADDRESS

NAME

STREET ADDRESS

CITY-ST-ZIF

SIGNATURE: JEFFREYALLIEBE DEFREYALLIEBE DEFENDING CONTROL 2/3/00 727-536-7226

SIGNATURE: Description District Name of SIGNING OFFICE OF DIRECTOR

Date Description Phone #