

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90039 035 ****66.25

DOCUMENT # 734602

1. Entity Name

COMMUNICATION SERVICES INTERNATIONAL, INC.

702116



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

C/O JEFF WIEBE
 7325 WINDSOR LANE
 CLEARWATER FL 34624-7029

C/O JEFF WIEBE
 7325 WINDSOR LANE
 CLEARWATER FL 34624-7029

2. Principal Place of Business

3. Mailing Address

C/O JEFF WIEBE

C/O JEFF WIEBE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2109 HAMMOCK PINE BLVD.

2109 HAMMOCK PINE BLVD

City & State

City & State

CLEARWATER FL

CLEARWATER FL

Zip

Country

Zip

Country

33761

USA

33761

USA

4. FEI Number

59-1619061

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOULDS, LARRY D
12033 92ND WAY
LARGO FL 33540

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☒

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
 NAME **WIEBE, JEFFREY J.**
 STREET ADDRESS **7325 WINDSOR LANE**
 CITY-ST-ZIP **CLEARWATER, FL 00000**

TITLE **PD** ☒ Change ☐ Addition
 NAME **WIEBE, JEFFREY J.**
 STREET ADDRESS **2109 HAMMOCK PINE BLVD**
 CITY-ST-ZIP **CLEARWATER FL 33761**

TITLE **D** ☐ Delete
 NAME **WIEBE, JORLEAN**
 STREET ADDRESS **7325 WINDSOR LANE**
 CITY-ST-ZIP **CLEARWATER FL**

TITLE **D** ☒ Change ☐ Addition
 NAME **WIEBE, JORLEAN**
 STREET ADDRESS **2109 HAMMOCK PINE BLVD**
 CITY-ST-ZIP **CLEARWATER FL 33761**

TITLE **D** ☐ Delete
 NAME **MOULDS, LARRY**
 STREET ADDRESS **12033 92ND WAY**
 CITY-ST-ZIP **LARGO FL**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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 CITY-ST-ZIP

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

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/12/01 **727-726-4254**

CR2E037 (10/00)