

03

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

0127200390545037****61.25
F02000005694

03 FEB -5 PM 3:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F02000005694

1. Entity Name
The CSN Project, Inc.



DO NOT WRITE IN THIS SPACE

20018963

2. Principal Place of Business
1350 SE 3rd Terrace
Suite, Apt. #, etc.

3. Mailing Address
1350 SE 3rd Terrace
Suite, Apt. #, etc.

City & State
Pompano Beach, FL
Zip
33060

City & State
Pompano Beach, FL
Zip
33060

4. FEI Number
39-1595863

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name: Corbett, James P.
Street Address (P.O. Box Number is Not Acceptable): 1350 SE 3rd Terrace
City: Pompano Beach FL Zip Code: 33060

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lunnon, Ray 523A S. Camino del Rio Durango, CO 81303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rodrian, James W 233 N 3050 B Oakmont Court Pewaukee, WI 53072
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Corbett, James P 1350 SE 3rd Terrace Pompano Beach, FL 33060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Corbett, Merry L 1350 SE 3rd Terrace Pompano Beach, FL 33060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Merry L. Corbett Merry L. Corbett 1/22/03 954-784-1373

CR2E037B (12/02)