

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90245 006 ***150.00

CR2E034 (10/02)

DOCUMENT # F94000003739

1. Entity Name
COMMUNITY SERVICES INC. OF ORLANDO, FLORIDA



Principal Place of Business
**11285 ELKINS RD
SUITE C-2
ROSWELL GA 33076
US**

Mailing Address
**11285 ELKINS RD
SUITE C-2
ROSWELL GA 33076
US**



2. Principal Place of Business

601 W. CROSSVILLE RD
Suite, Apt. #, etc.

3. Mailing Address

601 W. CROSSVILLE RD
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
ROSWELL, GA

Zip
30075

Country

City & State
ROSWELL, GA

Zip
30075

Country

4. FEI Number **58-2104862**

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ASPURU, MONA
709 SANDPIPER LANE
CASSELBERRY FL 32707**

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-22-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **MURPHY, VINCENT**
STREET ADDRESS **11285 ELKINS RD SUITE C-2**
CITY-ST-ZIP **ROSWELL GA 30076**

TITLE **S** ☐ Delete
NAME **MURPHY, MARILYN**
STREET ADDRESS **11285 ELKINS RD SUITE C-2**
CITY-ST-ZIP **ROSWELL GA 30076**

TITLE **STUB** ☐ Delete
NAME **STUBBLEFIELD, LINDA**
STREET ADDRESS **601 W. CROSSVILLE RD**
CITY-ST-ZIP **ROSWELL, GA 30075**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **601 W. CROSSVILLE RD**
CITY-ST-ZIP **ROSWELL, GA 30075**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **601 W. CROSSVILLE RD**
CITY-ST-ZIP **ROSWELL, GA 30075**

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS **STUBBLEFIELD, LINDA**
CITY-ST-ZIP **601 W. CROSSVILLE RD**
ROSWELL, GA 30075

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 607, 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 REQUIRED VINCENT MURPHY

1-15-03

770-594-5220

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #