

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96534

1. Entity Name
CSMC, INC.

Principal Place of Business
4498 S. VINELAND ROAD
ORLANDO FL 32811
US

Mailing Address
4498 S. VINELAND ROAD
ORLANDO FL 32811
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2213865

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

STOECKER, KENNETH A
4498 S VINELAND ROAD
ORLANDO FL 32811

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME SCHELL, FRANCES
STREET ADDRESS 730 PINELLAS BAYWAY
CITY-ST-ZIP TIERRA VERDE FL 33715

TITLE D ☒ Change ☐ Addition
NAME SCHELL, FRANCES
STREET ADDRESS 9009 CRICHTON WOODS
CITY-ST-ZIP ORLANDO, FL 32819

TITLE PD ☐ Delete
NAME STOECKER, KENNETH A
STREET ADDRESS 344 MADEIRA CIRCLE
CITY-ST-ZIP TIERRA VERDE FL 33715

TITLE D ☒ Change ☐ Addition
NAME STOECKER, KENNETH A
STREET ADDRESS 8262 GRANADA BLVD
CITY-ST-ZIP ORLANDO, FL 32836

TITLE D ☐ Delete
NAME SNYDER, DONALD M
STREET ADDRESS 2852 WESLEYAN DR.
CITY-ST-ZIP PALM HARBOR FL 34684

TITLE P.D. ☒ Change ☐ Addition
NAME SNYDER, DONALD M
STREET ADDRESS 7547 SUGAR BENDS DR.
CITY-ST-ZIP ORLANDO FL, 32819

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

1-5-02 407-246-1567

Date

Daytime Phone #

0102473 AV

CR02E034 (9/01)

FILED
Jan 14, 2002 8:00 am
Secretary of State
01-14-2002 90057 008 ***150.00



DO NOT WRITE IN THIS SPACE