

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000000766

1. Entity Name

CONSOLIDATED INTERNATIONAL SERVICES, INC.

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90131 027 ***150.00

Principal Place of Business

1415 FOULK RD. STE 205
WILMINGTON DE 19803

Mailing Address

1415 FOULK RD. STE 205
WILMINGTON DE 19810

2. Principal Place of Business

3411 Silverside Road

3. Mailing Address

3411 Silverside Road

Suite, Apt. #, etc.

100 Hagley Building

Suite, Apt. #, etc.

100 Hagley Building

City & State

Wilmington, DE

City & State

Wilmington, DE

4. FEI Number

52-2078905

Applied For

Not Applicable

Zip

19810

Country

New Castle

Zip

19810

Country

New Castle

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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, 2000 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
NAME
STREET ADDRESS
CITY-ST-ZIP
CPD
ROTHMAN, ROBERT
100 N TAMPA STREET, STE 3675
TAMPA FL 33602 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
BUCHANAN, KIM P
100 N TAMPA STREET, STE 3675
TAMPA FL 33602 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPT
GARTHWAITE, JOHN R
100 N TAMPA STREET, STE 3675
TAMPA FL 33602 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SVP
BEALE, CHARLES L
100 N. TAMPA ST., SUITE 3675
TAMPA FL 33602 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPS
VOSS, DEANNA
1415 FOULK RD, STE 205
WILMINGTON DE 19803 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
3411 Silverside Road, 100 Hagley Building
Wilmington, DE 19810

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VCD
GIBBS, THOMAS E
50 N. LAURA ST., SUITE 2800
JACKSONVILLE FL 32202 ☐ Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Deanna Voss

2/1/00

Date

302/479-4650

Daytime Phone #

CR2E034 (9/99)