

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000001980

1. Entity Name

CONSOLIDATED INTERNATIONAL SERVICES II, INC.

**FILED**  
**Feb 29, 2000 8:00 am**  
**Secretary of State**

02-29-2000 90099 010 \*\*\*150.00

Principal Place of Business 1415 FOULK ROAD, SUITE 205 WILMINGTON DE 19803	Mailing Address 1415 FOULK ROAD, SUITE 205 WILMINGTON DE 19810
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2. Principal Place of Business 3411 Silverside Road Suite, Apt. #, etc. 100 Hagley Building City & State Wilmington, DE Zip 19810 Country New Castle	3. Mailing Address 3411 Silverside Road Suite, Apt. #, etc. 100 Hagley Building City & State Wilmington, DE Zip 19810 Country New Castle
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DO NOT WRITE IN THIS SPACE

4. FEI Number 51-0379968	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \_\_\_\_\_ (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																																																																																																																																				
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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: Deanna Voss 2/1/00 302/479-4650  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)