

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000001980

1. Entity Name

CONSOLIDATED INTERNATIONAL SERVICES II, INC.

**FILED**  
**Jan 29, 2001 8:00 am**  
**Secretary of State**

01-29-2001 90060 044 \*\*\*150.00

Principal Place of Business

3411 SILVERSIDE ROAD  
100 HAGLEY BUILDING  
WILMINGTON DE 19810

Mailing Address

3411 SILVERSIDE ROAD  
100 HAGLEY BUILDING  
WILMINGTON DE 19810

2. Principal Place of Business

3505 Silverside Road

Suite, Apt. #, etc.

206 Plaza Centre Building

City & State

Wilmington, DE

3. Mailing Address

3505 Silverside Road

Suite, Apt. #, etc.

206 Plaza Centre Building

City & State

Wilmington, DE



DO NOT WRITE IN THIS SPACE

4. FEI Number 51-0379968

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

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, 2001 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  
CPCD  
ROTHMAN, ROBERT  
100 N. TAMPA STREET SUITE 3675  
TAMPA FL 33602 ☐ Delete

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
EVPD  
BUCHANAN, KIM P  
100 N. TAMPA STREET SUITE 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., 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 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  
3411 SILVERSIDE ROAD 100 HAGLEY BLDG  
WILMINGTON DE 19810 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
3505 Silverside Rd., 206 Plaza Centre Bldg.  
Wilmington, DE 19810

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

Date

Daytime Phone #

302-479-4650

CR2E034 (10/00)