

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000002022

1. Entity Name

C SERVICES, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90075 017 ***150.00

Principal Place of Business

PO BOX 07053
FT MYERS FL 33919

Mailing Address

PO BOX 07053
FT MYERS FL 33919-0051

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 **65-0814060**

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

UNUTMATZ, JALE
311 LA CASA AVENUE
FORT MYERS FL 33905

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] - JALE UNUTMATZ, PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/00

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 ☐ Delete
NAME **P**
STREET ADDRESS **UNUTMATZ, JALE**
CITY-ST-ZIP **311 LA CASA AVENUE**
FT MYERS FL 33905

TITLE ☐ Change ☒ Addition
NAME **VICE PRESIDENT**
STREET ADDRESS **ARIEL PEREZ**
CITY-ST-ZIP **503 MARIE AVE. N**
LEHIGH ACRES, FL 33972

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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] - JALE UNUTMATZ, PRESIDENT

DATE

Daytime Phone #

4/24/00

9418235272

CR2E034 (9/99)