

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 21, 2000 8:00 am**  
**Secretary of State**

03-21-2000 90007 011 \*\*\*150.00

**DOCUMENT # G19667**

1. Entity Name

**CRESSWOOD CONSOLIDATED SERVICES, INC.**

Principal Place of Business

Mailing Address

1408 N. WESTSHORE BLVD.,  
 SUITE 600  
 TAMPA FL 33607

1408 N. WESTSHORE BLVD.,  
 SUITE 600  
 TAMPA FL 33607-4587

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2254887**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BARRETT, JACK**  
**2984 ELYSIUM WAY**  
**CLEARWATER FL 34619**

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	Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
P	BARRETT, JACK	2984 ELYSIUM WAY	CLEARWATER FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VP	URGO, DON	2 WISCONSIN CIRCLE #340	CHEVY CHASE MD	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
T	ALLISON, BUTTS	2 WISCONSIN CIRCLE #340	CHEVY CHASE MD	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
S	BARRETT, INGRID	2984 ELYSIUM WAY	CLEARWATER FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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: *[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/00

Date

813-289-4524

Daytime Phone #