

# BUSINESS REPORT (UBR)

G39491

CS INC.

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90018 050 \*\*\*150.00

00042951



DO NOT WRITE IN THIS SPACE

Principal Place of Business 10191 W SAMPLE RD STE 104 CORAL SPRINGS FL 33065 US	Mailing Address 10191 W SAMPLE RD STE 104 CORAL SPRINGS FL 33065-3961 US
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2. Principal Place of Business P.O. Box 9794 Suite, Apt. #, etc.	3. Mailing Address P.O. Box 9794 Suite, Apt. #, etc.
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City & State Coral Springs, FL	City & State Coral Springs, FL
Zip 33075	Zip 33075
Country USA	Country USA

4. FEI Number 59-2289019	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ADRIANCE, RITA 10191 W SAMPLE RD SUITE 104 CORAL SPRINGS FL 33065
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3651 N.W. 104 Ave. City Coral Springs FL Zip Code 33065
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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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS ADRIANCE, RITA I. 10191 W SAMPLE RD STE 104 CORAL SPRINGS FL 33065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3651 N.W. 104 Ave. Coral Springs, FL 33065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADRIANCE, RITA I. 10191 W SAMPLE RD STE 104 CORAL SPRINGS FL 33065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3651 N.W. 104 Ave Coral Springs, FL 33065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ADRIANCE, STUART 3651 NW 104 AVE CORAL SPRING FL 33065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Rita I. Adriance 4/16/00 (954) 340-1665  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #