## 2002 UNIFORM BUSINESS REPORT (UBR) Jan 21, 2002 8:00 am H94925 DOCUMENT # **Secretary of State** 1. Entity Name C & S DATA SERVICES CORPORATION 01-21-2002 90030 008 \*\*\*150 00 Principal Place of Business Mailing Address 3714 VINELAND ROAD 3714 VINELAND ROAD ORLANDO FL 32811 ORLANDO FL 32811 US writint Rd. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2648984 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CARPENITO, WILLIAM Street Address (P.O. Box Number is Not Acceptable) 2001 WESTOVER RESERVE BLVD **WINDERMERE FL 34786** 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS CR2E034 (9/01 TITLE ☐ Delete TITLE ☐ Change Addition CARPENITO, WILLIAM NAME NAME 2002 WESTOVER RESERVE BLVD STREET ADDRESS STREET ADDRESS WINDERMERE FL 34786 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition CARPENITO, SUZANNE S NAME NAME 2002 WESTOVER RESERVE BLVD STREET ADDRESS STREET ADDRESS **WINDERMERE FL 34786** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition CARPENITO, SUZANNE S NAME NAME 2002 WESTOVER RESERVE BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **WINDERMERE FL 34786** 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.

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CITY-ST-ZIP TITLE

SIGNATURE AND TYPED OR PRIMED NAME OF SIGNING OFFICER OR DIRECTOR

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