

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2003 8:00 am**  
**Secretary of State**

01-30-2003 90160 047 \*\*\*150.00

**DOCUMENT # H94925**

**1. Entity Name**  
**C & S DATA SERVICES CORPORATION**



**Principal Place of Business**  
**120 W CROWN POINT RD**  
**STE 102**  
**GARDEN WINTER FL 34187**  
**US**

**Mailing Address**  
**120 W CROWN POINT RD**  
**STE 102**  
**GARDEN WINTER FL 34187**  
**US**

**2. Principal Place of Business**  
**120 W. Crown Point Rd.**

**3. Mailing Address**  
**120 W. Crown Point Rd.**

**Suite, Apt. #, etc.**  
**Suite 102**

**Suite, Apt. #, etc.**  
**Suite 102**

**City & State**  
**Winter Garden, FL**

**City & State**  
**Winter Garden, FL**

**Zip** **34787** **Country** **USA**

**Zip** **34787** **Country** **USA**



☐ CHECK HERE IF MAKING CHANGES

**4. FEI Number** **59-2648984** **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**

**CARPENITO, WILLIAM**  
**2002 WESTOVER RESERVE BLVD**  
**WINDERMERE FL 34786**

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
<b>TITLE</b>	<b>P</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>NAME</b>	<b>CARPENITO, WILLIAM</b>		<b>NAME</b>		
<b>STREET ADDRESS</b>	<b>2002 WESTOVER RESERVE BLVD</b>		<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>	<b>WINDERMERE FL 34786</b>		<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>VP</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>NAME</b>	<b>CARPENITO, SUZANNE S</b>		<b>NAME</b>		
<b>STREET ADDRESS</b>	<b>2002 WESTOVER RESERVE BLVD</b>		<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>	<b>WINDERMERE FL 34786</b>		<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>S</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>NAME</b>	<b>CARPENITO, SUZANNE S</b>		<b>NAME</b>		
<b>STREET ADDRESS</b>	<b>2002 WESTOVER RESERVE BLVD</b>		<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>	<b>WINDERMERE FL 34786</b>		<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>NAME</b>			<b>NAME</b>		
<b>STREET ADDRESS</b>			<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>			<b>CITY-ST-ZIP</b>		
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<b>NAME</b>			<b>NAME</b>		
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<b>CITY-ST-ZIP</b>			<b>CITY-ST-ZIP</b>		
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<b>NAME</b>			<b>NAME</b>		
<b>STREET ADDRESS</b>			<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>			<b>CITY-ST-ZIP</b>		

**12. 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 10 or Block 11 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**

**1/24/03 (407) 877-5923**  
**Date** **Daytime Phone #**

CR2E034 (10/02)