

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2000 8:00 am
Secretary of State

07-25-2000 90003 015 ***550.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # J21014

1. Entity Name ✓
C S T, CORP.

Principal Place of Business 301 FOREST AVE. COCOA FL 32922	Mailing Address 301 FOREST AVE. COCOA FL 32922
2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. FEI Number **59-2694197** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

<p>6. Name and Address of Current Registered Agent</p> <p>OSBORN, MARY L 301 FOREST AVE. COCOA FL 32922</p>	<p>7. Name and Address of New Registered Agent</p> <p>Name _____</p> <p>Street Address (P.O. Box Number is Not Acceptable) _____</p> <p>City FL Zip Code _____</p>
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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. **FILE NOW!!! FEE IS \$550.00**
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	<p>PD <input type="checkbox"/> Delete</p> <p>OSBORN, MARY L</p> <p>301 FORREST AVE</p> <p>COCOA FL 32922</p>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
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
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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 REQUIRED 7-21-00 321-632-1600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CF 2 034 (5/00)