

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J48173

1. Entity Name

CUSION, INC.

FILED
Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90016 047 ***150.00

Principal Place of Business

C/O STANLEY ROSE
2110 IMPERIAL GC BLVD.
NAPLES FL 34110

Mailing Address

C/O STANLEY ROSE
2110 IMPERIAL GC BLVD.
NAPLES FL 34110-1027

AGU33004



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5051 Castello Dr. #17

Suite, Apt. #, etc.

5051 Castello Dr. #17

City & State

Naples

Zip

34103

Country

USA

3. Mailing Address

5051 Castello Dr. #17

Suite, Apt. #, etc.

5051 Castello Dr. #17

City & State

Naples, FL

Zip

34103

Country

USA

4. FEI Number **65-0124187** 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

ROSE, STANLEY
2110 IMPERIAL GC BLVD.
NAPLES FL 34110

Name *Petna Rollev*
Street Address (P.O. Box Number is Not Acceptable) *Coast-to-Coast Investment Group Inc*
5051 Castello Dr #17
City *Naples* FL Zip Code *34103*

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 *P. Rollev* /PR *Petna Rollev* 3/29/00
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 ☐ Delete
NAME *D*
STREET ADDRESS *SCHRUFER, MARION*
CITY-ST-ZIP *2110 IMPERIAL GC BLVD. C/O STANLEY ROSE*
NAPLES FL 34110

TITLE ☐ Change ☐ Addition
NAME *DUPS Marion Schrufer*
STREET ADDRESS *5051 Castello Dr #17*
CITY-ST-ZIP *Naples, FL 34103*

TITLE ☐ Delete
NAME *P*
STREET ADDRESS *SCHRUFER, OLGA*
CITY-ST-ZIP *2110 IMPERIAL GC BLVD. C/O STANLEY ROSE*
NAPLES FL 34110

TITLE ☐ Change ☐ Addition
NAME *P*
STREET ADDRESS *Olga Schrufer*
CITY-ST-ZIP *5051 Castello Dr #17*
Naples, FL 34103

TITLE ☐ Delete
NAME *VPS*
STREET ADDRESS *SCHRUFER, MARION*
CITY-ST-ZIP *2110 IMPERIAL GC BLVD. C/O STANLEY ROSE*
NAPLES FL 34110

TITLE ☐ Change ☐ Addition
NAME *T*
STREET ADDRESS *Marcus Schrufer*
CITY-ST-ZIP *5051 Castello Dr #17*
Naples, FL 34103

TITLE ☐ Delete
NAME *TPS*
STREET ADDRESS *SCHRUFER, MARCUS*
CITY-ST-ZIP *2110 IMPERIAL GC BLVD. C/O STANLEY ROSE*
NAPLES FL 34110

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 an other like empowered.

SIGNATURE: *Olga Schrufer* 3/29/00 9415663511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)