## 2000 UNIFORM BUSINESS REPORT (UBR) FILED **DOCUMENT # K13548** Jul 13, 2000 8:00 am 1. Entity Name **Secretary of State** CS3 CONSULTING SERVICES INC. 07-13-2000 90016 048 \*\*\*558.75 Principal Place of Business Mailing Address 9626 N. MILITARY TRAIL 9626 N. MILITARY TRAIL PALM 8CH, GARDENS FL, 33410 PALM BCH. GARDENS FL 33410 ......... 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number 65-0017658 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RUNCHEY, MARGARET Street Address (P.O. Box Number is Not Acceptable) 9626 N. MILITARY TRAIL PALM BCH. GARDENS FL 33410 Zip Code FL 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) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 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 OFFICERS AND DIRECTORS 11. 12. Change ☐ Addition TITLE Delete TITLE RUNCHEY, MARGARET NAME NAME STREET ADDRESS STREET ADDRESS 9626 N. MILITARY TRAIL CITY-ST-ZIP PALM BCH. GARDENS FL 33 CITY-ST-ZIP Change ☐ Addition Delete TITI F TITLE RUNCHEY, LOLA NAME NAME STREET ADDRESS 1245 WREN GLEN STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP-ESCONDIDO CA Change Addition TITLE Delete TITLE RUNCHEY, JODIE NAME NAME STREET ADDRESS STREET ADDRESS 1721 HAROLD ROAD CITY-ST-ZIP CITY-ST-ZIP **ESCONDIDO CA** ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE NAME

STREET ADDRESS

CITY-ST-7/E

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

V 5/00 SU 62A 5087

☐ Change

☐ Addition