FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

03 SEP -3 PM 4:22

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # K13548

1. Entity Name

CS3 Consulting Services Inc.

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 02-03

2. Principal Place of Business	3. Mailing Address
301 West Platt St.	301 West Platt St
Suite, Apt. #, etc. #306	Suite, Apt. #, etc. #306
City & State Tampa, FL	City & State Tampa, FL
Zip 33606 Country US	Zip 33606 Country US

4. FEI Number 65-0017658 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Margaret Runchey

Street Address (P.O. Box Number is Not Acceptable): 301 West Platt Street #306

City: Tampa FL Zip Code: 33606

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when applicable)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President, VP, S, T Margaret Runchey 301 West Platt Street #306 Tampa, FL 33606
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	500009766755 12/31/02--01047--008 **558.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	500009766755 09/02/03--01047--023 **350.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**DO NOT WRITE IN THIS SPACE**
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Margaret Runchey 12/23/02 813-477-5626

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