

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90825 029 ***150.00

DOCUMENT # **K35234**

1. Entity Name
CGI INFORMATION TECHNOLOGY SERVICES, INC.



Principal Place of Business
**100 SOUTH MISSOURI AVE
CLEARWATER FL 33756
US**

Mailing Address
**100 SOUTH MISSOURI AVE
CLEARWATER FL 33756
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2911475**

Applied For

Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~PATEL, DILIP ESQ.~~
**100 SOUTH MISSOURI AVE
CLEARWATER FL 33756**

Name **Michael J. Dean**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Michael J. Dean

2/14/03

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
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SANAN, SATISH K	
STREET ADDRESS	100 SOUTH MISSOURI AVE	
CITY-ST-ZIP	CLEARWATER FL 33756	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GODIN, SERGE	
STREET ADDRESS	100 SOUTH MISSOURI AVE	
CITY-ST-ZIP	CLEARWATER FL 33756	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	PATEL, DILIP	
STREET ADDRESS	100 SOUTH MISSOURI AVE	
CITY-ST-ZIP	CLEARWATER FL 33756	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DEAN, MICHAEL J	
STREET ADDRESS	100 SOUTH MISSOURI AVE	
CITY-ST-ZIP	CLEARWATER FL 33756	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	IMBEAU, ANDRE	
STREET ADDRESS	100 SOUTH MISSOURI AVE	
CITY-ST-ZIP	CLEARWATER FL 33756	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DORE, PAUL	
STREET ADDRESS	100 SOUTH MISSOURI AVE	
CITY-ST-ZIP	CLEARWATER FL 33756	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

VP

2/14/03

(727) 467-8116

Date

Daytime Phone #

CR2E034 (10/02)