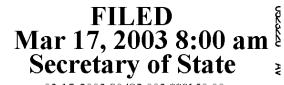
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) 1.09815 DOCUMENT



1. Entity Name C.S.G., INC.						03-17-2003 90482 003 ***150.00			
6371-4 PRESI FORT MYERS US			Mailing Address 6371-4 PRESIDENTIAL CT. FORT MYERS FL 33919 US 3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.		\dashv	☐ CHECK HERE I	IF MAKING CHANGE	s	
City & State			City & State		4. 1	4. FEI Number 65-0152603 App			7
Zip		Country	Zip	Country	5. (Certificate of Status Desired	□ \$8.75 A Fee Requi		1
	6. Name and	d Address of Current	Registered Agent		7. 1	Name and Address of New Re	gistered Agent		1
				Name		•			1
	, richard r c Residential c			Street Addre	Street Address (P.O. Box Number is Not Acceptable)			1	
FORT MY								7	
				City		FL Zip Code			
	named entity su tions of registered		or the purpose of changing its	registered office or reg	istered ag	ent, or both, in the State of Flo	rida. I am familiar wit	h, and accept	1
SIGNATURE	Signature, typed or pri	nted name of registered agent	and title if applicable. (NOT	E: Registered Agent signature re	quired when re	einstating)	DATE		
э		EE IS \$150.00						· · · · · · · · · · · · · · · · · · ·	1
Afte	May 1, 2003 F	ee will be \$550.00 orida Department o		⊈ ः – मृञ्जलः अञ्चलस्य	asim ⊷ji	9. Election Campaign Finance Trust Fund Contribution		.00 May Be ed to Fees	
10.	_	OFFICERS AND	DIRECTORS	11.	AD	DITIONS/CHANGES TO OFF	CERS AND DIRECTO	RS IN 11	1
TITLE NAME STREET ADDRESS	P SCHMIDT, CA HAUSNER ST	R. M4	☐ Delete	TITLE NAME STREET ADDRESS			☐ Change	Addition	24 (10/02)
CITY-ST-ZIP	D-855A KIRCI	theim ge		CITY-ST-ZIP		<u> </u>			֝֟֝֝ <u>֚</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SOUTHERLAN 3604 S.E. 12 CAPE CORAL	AVE.	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	ä
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME -STREET ADDRESS -CITY-ST-ZIP	=		☐ Delete	TITLE NAME - STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	,		☐ Change	Addition	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	-	
12. I hereby o	certify that the info	ormation supplied with	this filing does not qualify for	the exemption stated i	n Section 1	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 additional statutes.

SIGNATURE: