

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L33255

1. Entity Name

CFS INDUSTRIES, INC.

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90011 020 ***150.00

Principal Place of Business Mailing Address
P.O. BOX 410459 P.O. BOX 410459
1316 BERRI PATCH PL SUITE 2 MELBOURNE FL 32941-0459
MELBOURNE FL 32935

80041401



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
1316 BERRI Patch PL SAME AS

Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite # 2 ABOVE

City & State City & State
Melbourne, FL

Zip Country Zip Country
32935 USA

4. FEI Number 59-2988280 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

WRIGHT, HOWELL V
120 TWIN RIVERS DRIVE
MERRITT ISLAND FL 32952

Name Howell V. Wright
Street Address (P.O. Box Number is Not Acceptable)
120 Twin Rivers Dr
City Merritt Isl, FL FL Zip Code 32952

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

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 D
NAME WRIGHT, LESIA W
STREET ADDRESS 120 TWIN RIVERS DRIVE
CITY-ST-ZIP MERRITT ISLAND FL 32952 ☐ Delete

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

TITLE VP
NAME WRIGHT, HOWELL V
STREET ADDRESS 120 TWIN RIVERS DR
CITY-ST-ZIP MERRITT ISLAND FL 32952 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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.

SIGNATURE: Howell V. Wright Howell V. Wright President 4/10/00 321-752-1118
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)