2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

L54822 **DOCUMENT#**

1. Entity Name

CENTRAL BUSINESS SERVICES CORPORATION



FILED Apr 02, 2003 8:00 am 5 5 Secretary of State 04-02-2003 90041 017 ***150.00

04-02-2003 30041 017	130.00

						_ WES						
Principal Place of Business C/O JOHN CHURCHILL B10 SYMPONY (SLES BLVD APOLLO BEACH FL 33572 US 2. Principal Place of Business		C/O 810 APO US	Mailing Address C/O JOHN CHURCHILL 810 SYMPONY ISLES BLVD APOLLO BEACH FL 33572 US 3. Mailing Address									
Suite, Apt. #, etc.		Suit	Suite, Apt. #, etc.									
Suite, Apr. #, etc.			Suite, Apr. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State		City	City & State			4.	4. FEI Number 59-2996035			Applied For Not Applicable		
Zip		Country	Zip Country		5.	5. Certificate of Status Desired \$8.75 Additional Fee Required						
	6. Name	and Address of Current	Register			7.	7. Name and Address of New Registered Agent					
CHUBCHI	ILL, JOHN A			Name								
	PHONY ISLE			Street Address		ess (P.O.,E	Box Number is Not Acceptable)	,		_	7	
APOLLO BEACH FL 33572							<u> </u>			··	1	
				-					FL	Zip Cod	le	$\frac{1}{2}$
8. The above			or the purp	ose of changing its	registere	ed office or reg	gistered ag	ent, or both, in the State of Flor	ida. I am fa	ımiliar with,	and accept	1
the obligat	tions of registe	ered agent.										
SIGNATURE .	Cia-tu-tu-tu-d	or printed name of registered agent		elias blanda (NOT)	- Posisson	d Agent signature re			DATE			
			and title if app	olicable. (NOTE		u Agent signature re	equired when re	einstating)				-
After	r May 1, 200	FEE IS \$150.00 Fee will be \$550.00 Florida Department o	f State					Election Campaign Fina Trust Fund Contribution	~ —		00 May Be d to Fees	
10,		OFFICERS AND		l	11.			DDITIONS/CHANGES TO OFFI	CERS AND	DIRECTOR	S IN 11	\dashv
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NAME		L, JOHN A., JR.	٠.		NAM			•				1
STREET ADDRESS CITY-ST-ZIP	APOLLO B	HONY ISLES BLVD. FACH FI			1	ET ADDRESS - ST-ZIP						} }
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STREET ADDRESS						ET ADDRESS						
CITY-ST-ZIP	ertify that the	information supplied with	this filles	does not qualify for		ST-ZIP	in Section	119.07(3)(i), Florida Statutes, I	further certi	fu that the i	nformation	+
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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:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR