FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91870 042 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L75498**

1. Entity Name
COMPUTER FORMS SPECIALISTS, INC.

Principal Place of Business
~~540 ALPINE ST~~
~~ALTAMONTE SPRINGS, FL 32701~~
126 Dogwood St
Alt Spg

Mailing Address
~~540 ALPINE ST~~
~~ALTAMONTE SPRINGS, FL 32701~~

2. Principal Place of Business: 126 Dogwood St
Suite, Apt. #, etc.
City & State: Altamonte SPS FL
Zip: 32714 Country: Seminole USA

3. Mailing Address: 126 Dogwood St
Suite, Apt. #, etc.
City & State: Altamonte SPGS FL
Zip: 32714 Country: Seminole USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number: **59-3012127** ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FRISTACHI, DEBRA JEAN
~~540 ALPINE ST E~~
~~ALTAMONTE SPRINGS, FL 32701~~
126 Dogwood St,
Alt. Spgs FL
32714

7. Name and Address of New Registered Agent

Name
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

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

TITLE	PT	☐ Delete
NAME	FRISTACHI, DEBRA JEAN	
STREET ADDRESS	540 ALPINE ST E	
CITY-ST-ZIP	ALTAMONTE SPGS, FL	
TITLE	VS	☒ Delete
NAME	~~FRISTACHI, TEODORO~~	
STREET ADDRESS	~~540 ALPINE ST E~~	
CITY-ST-ZIP	~~ALTAMONTE SPGS, FL~~	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VS	☐ Change ☒ Addition
NAME	Casey Fristachi	
STREET ADDRESS	126 Dogwood St,	
CITY-ST-ZIP	Alt spgs FL 32701	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (10/02)

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] 4/29/03 407 682-2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #