2000	UNIFORM	BUSINESS	REPORT	(UBR)

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DOCUMENT # L9900002374 1. Entity Name C.S.E. WORLDPORT, L.L.C.					FILED SECRETARY OF STATE DIVISION OF CORPORATIONS				
	•	•				00 AUG 28 AM 10	: 02		
Principal Plac	e of Business	Mailing Address				00 HOG EG) ,		
300 INTERNAT	Tional Parkway. Suite 150 'L 32746	300 international par Heathrow FL 32746	RKWAY. S	SUITE 150			Y		
				(
2. Principal Place of Business 3.		3. Mailing Address	3. Mailing Address			1 TODINGIN DEG IGNIG TOUGH COUNT COUNT GOVEN COUNT OBSIDE STORE (NEXT TOUGH ENTE 1904)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				_
City & State	9	City & State	City & State		4. FEI Number Applied For Not Applicable				1
Zip	Country	Zip	Coun	itry	5. Certi	ficate of Status Desired .	\$5.00 Add Fee Require		
·	6. Name and Address of Current	Registered Agent			7. Nam	e and Address of New Registered	Agent	· , , , , , , , , , , , , , , , , , , ,	1
a T copposition evertile				Name					
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			Street Address (P.O. Box Number is Not Acceptable)						
								ĺ	
			City	FL Zip Code					
8. The above	named entity submits this statement for	or the purpose of changing its	register	ed office or registe	red agent,	or both, in the State of Florida.	-		1.
CIONIATUDE					•				
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registere	d Agent signature require	d when reinstati	ng) DATE]:
		1 .		FEE IS \$50.00					
	•	Make Check Pa	yabie t	o Department o	of State				
9.	MANAGING MEMBE	ERS/MANAGERS	10.			ADDITIONS/CHANGE	S	·	1_
TITLE NAME	MGR	☐ Delete	TITLI				☐ Change	☐ Addition	R2E083 (5/00)
STREET ADDRESS	CRISMAN, ERIC LEE 2230 KELMSCOTT COURT			ET ADDRESS			·•		88
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STREET ADDRESS	,			ET ADDRESS					
CITY-ST-ZIP	and the stand stand 1-E			-ST-PIP		27/01/i) Floride Chables - 1.6 -ab	noifi, shas sha	oformatic -	}
indicated limited lial	ertify that the information supplied with on this report is true and accurate and bility company or the receiver or fuste	n this fiting does not qualify for that my signature shall have e empowered to execute this	the exer the same report as	mption stated in Si e Jegal effect as if i required by Chap	ection 119.0 made under oter 608, Flo	ur(এ)(I), লাচাটের Statutes. I further cor r oath; that I am a managing memi rida Statutes.	ertify that the ii ber or manage 40	er of the	
SIGNAT		UERFALLI NTED NAME OF SIGNING MANAGING	RE:	DERIC 4	SE C	RISMAN 8-16-00	200	-3203	
	ONITAL UNE AND LITED UR PRI	DRIDARAM United To sever up to	…∈mbeH Ç	m mendeliji		₩ pltT	ogunarnone#		1