

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # NO1000004019

1. Entity Name

COMMUNITY EMPOWERMENT SERVICES, INC.

**FILED**  
**Aug 27, 2002 8:00 am**  
**Secretary of State**

08-27-2002 90119 047 \*\*\*\*70.00

Principal Place of Business

4812 ESPLANADE ST  
 BONITA SPRINGS FL 34134

Mailing Address

4812 ESPLANADE ST  
 BONITA SPRINGS FL 34134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3731794

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCCLEARY, JOCELYN F  
 4812 ESPLANADE ST  
 BONITA SPRINGS FL 34134

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

After September 13, 2002,  
 min. will be \$236.25.

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

\$5.00 May Be  
 Added to Fees

Make Check Payable to  
 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete  
 NAME RUMMER, KAREN L  
 STREET ADDRESS 4812 ESPLANADE ST  
 CITY-ST-ZIP BONITA SPRINGS FL 34134

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

TITLE D ☐ Delete  
 NAME CRIBBETT, GLEN R  
 STREET ADDRESS 18553 QUINCE RD  
 CITY-ST-ZIP FT MYERS FL 33912

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

TITLE D ☐ Delete  
 NAME CRIBBETT, JESSICA R  
 STREET ADDRESS 18553 QUINCE RD  
 CITY-ST-ZIP FT MYERS FL 33912

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

TITLE D ☐ Delete  
 NAME MCCLEARY, JOCELYN F  
 STREET ADDRESS 4812 ESPLANADE ST  
 CITY-ST-ZIP BONITA SPRINGS FL 34134

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

TITLE D ☐ Delete  
 NAME MCCLEARY, MARK D  
 STREET ADDRESS 4812 ESPLANADE ST  
 CITY-ST-ZIP BONITA SPRINGS FL 34134

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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 617, 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:

*Jocelyn F McCleary*  
 REGISTERED AGENT REQUIRED

8/20/02

(41) 849-7012

CR2E037 (4/02)