

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N02000001694

FILED
Apr 27, 2003
Secretary of State

Entity Name: COMMUNITY DEVELOPMENT SOLUTIONS, INC.

Current Principal Place of Business:

504 JACKSON AVE.
LEHIGH ACRES, FL 33972

New Principal Place of Business:

403 JOAN AVE
SUITE C
LEHIGH ACRES, FL 33971

Current Mailing Address:

P.O. BOX 1174
LEHIGH ACRES, FL 33970

New Mailing Address:

FEI Number: 04-3637123 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BELFIELD, JOHNNNA R
504 JACKSON AVE.
LEHIGH ACRES, FL 33972

Name and Address of New Registered Agent:

BELFIELD, JOHNNNA R
817 GARDENSIDE CT
LEHIGH ACRES, FL 33936

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:

04/27/2003

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BELFIELD, JOHNNNA R
Address: 504 JACKSON AVE.
City-St-Zip: LEHIGH ACRES, FL 33972

Title: T () Delete
Name: ESMOND, PATRICIA A
Address: 910 CLARK AVE.
City-St-Zip: LEHIGH ACRES, FL 33936

Title: S () Delete
Name: FOY, DENNETTE
Address: 8099 COLLEGE PARKWAY SW
City-St-Zip: FORT MYERS, FL 33906

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BELFIELD, JOHNNNA R
Address: 817 GARDENSIDE CT.
City-St-Zip: LEHIGH ACRES, FL 33936

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: MARTIS, JOAN
Address: 698 S. MOUNTAIN VALLEY HWY.
City-St-Zip: MONTVILLE, ME 04941

Title: D () Change (X) Addition
Name: LUDLOW, GLENDA
Address: P.O.BOX 0276
City-St-Zip: ALVA, FL 33920

Title: D () Change (X) Addition
Name: NEARY, BETTY
Address: 459 VALLEY DR.
City-St-Zip: LEHIGH ACRES, FL 33936

Title: D () Change (X) Addition
Name: KRATTINGER, CAROLYN
Address: P.O.BOX 0276
City-St-Zip: ALVA, FL 33920

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHNNNA R. BELFIELD

P

04/27/2003

Electronic Signature of Signing Officer or Director

Date