

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N02000002040

FILED  
Apr 07, 2003  
Secretary of State

**Entity Name:** CENTRAL FLORIDA CHAPTER, INTERNATIONAL CUSTOMER SERVICES ASSOCIATION, INC.

**Current Principal Place of Business:**

1801 LEE ROAD  
SUITE 245  
WINTER PARK, FL 32789

**New Principal Place of Business:**

**Current Mailing Address:**

1801 LEE ROAD  
SUITE 245  
WINTER PARK, FL 32789

**New Mailing Address:**

**FEI Number:** 38-3646270

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

THALWITZER, KURT E  
225 EAST ROBINSON STREET  
SUITE 600  
ORLANDO, FL 32802 US

**Name and Address of New Registered Agent:**

RAKOCZY, MATT  
2801 PROFESSIONAL PKWY  
OCOE, FL 34761 US

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: MATT RAKOCZY

04/07/2003

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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: S/D ( ) Change (X) Addition  
Name: FARIES, HOLLY S  
Address: 448 COMMERCE WAY  
City-St-Zip: LONGWOOD, FL 32750 US

Title: P/D ( ) Change (X) Addition  
Name: RAKOCZY, MATT  
Address: 2801 PROFESSIONAL PKWY  
City-St-Zip: OCOEE, FL 32712 US

Title: V/D ( ) Change (X) Addition  
Name: SHUMATE, MIKE  
Address: 1801 LEE RD. STE 245  
City-St-Zip: WINTER PARK, FL 32789 US

Title: T/D ( ) Change (X) Addition  
Name: CHANDLER, VINCENT T  
Address: 8523 COMMODITY CIR., STE 100  
City-St-Zip: ORLANDO, FL 32819 US

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: MATT RAKOCZY

P/D

04/07/2003

Electronic Signature of Signing Officer or Director

Date