

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 09, 2001 08:00 AM****Secretary of State****DOCUMENT # N96000000985**1. Entity Name
CHURCH SERVICES INTERNATIONAL, INC.Principal Place of Business
645 DUCHESS BLVD.
DUNEDIN FL 34698
Mailing Address
P.O. BOX 2285
PALM HARBOR FL 346822. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3370105
Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LUNS FORD DONALD W
645 DUCHESS BLVD.
PALM HARBOR FL 34698
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.

SIGNATURE **DONALD W. LUNS FORD****01/09/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

FILE NOW:
FEE IS \$61.25
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	<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MALZ ANGELA			NAME	MALZ ANGELA		
STREET ADDRESS	1445 N MAIN ST			STREET ADDRESS	106 ROLLING STONE COURT		
CITY-ST-ZIP	MOORESVILLE NE 28115			CITY-ST-ZIP	MOORESVILLE NC 28117		
TITLE	D	<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MALZ CRAIG			NAME	MALZ CRAIG		
STREET ADDRESS	1445 N MAIN ST			STREET ADDRESS	106 ROLLING STONE COURT		
CITY-ST-ZIP	MOORESVILLE NE 28115			CITY-ST-ZIP	MOORESVILLE NC 28117		
TITLE	D	<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LUNS FORD ANNE			NAME	LUNS FORD ANNE		
STREET ADDRESS	1004 LASSITER DR			STREET ADDRESS	13222 MORAN DRIVE		
CITY-ST-ZIP	GOODLETTSVILLE TN 37072			CITY-ST-ZIP	TAMPA FL 33618		
TITLE	D	<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LUNS FORD MARK			NAME	LUNS FORD MARK		
STREET ADDRESS	1004 LASSITER DR			STREET ADDRESS	13222 MORAN DRIVE		
CITY-ST-ZIP	GOODLETTSVILLE TN 37072			CITY-ST-ZIP	TAMPA FL 33618		
TITLE	P	<input type="checkbox"/> Delete		TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LUNS FORD DON			NAME	LUNS FORD DON		
STREET ADDRESS	444 CARIBBEAN DR			STREET ADDRESS	PO BOX 2285		
CITY-ST-ZIP	LAKELAND FL 33809			CITY-ST-ZIP	PALM HARBOR FL 34682		
TITLE	D	<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LUNS FORD BEVERLY A			NAME	LUNS FORD BEVERLY A		
STREET ADDRESS	444 CARIBBEAN DR			STREET ADDRESS	PO BOX 2285		
CITY-ST-ZIP	LAKELAND FL 33809			CITY-ST-ZIP	PALM HARBOR FL 34682		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: **Donald W. Lunsford**

Pres

01/09/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)