2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State
04-16-2002 90043 020 ***158.75

DOCUMENT # P00000008459

1. Entity Name
CSOLS INC.

Principal Place of Business	Mailing Address
7600 SOUTHLAND BLVD. SUITE 100 ORLANDO FL 32809	7600 SOUTHLAND BLVD. SUITE 100 ORLANDO FL 32809

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
220 Continental Dr		220 Continental Dr	
Suite, Apt. #, etc.: Suite 405		Suite, Apt. #, etc.: Suite 405	
City & State: Newark, DE		City & State: Newark DE	
Zip: 19713	Country: USA	Zip: 19713	Country: USA

4. FEI Number 59-3625738 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired X $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GODDARD, P J
7600 SOUTHLAND BLVD, SUITE 100
ORLANDO FL 32809

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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☑ (See criteria on back)

FILE NOW!!! FEE IS $150.00
~~After May 1, 2002 Fee will be $550.00~~
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	GODDARD, P J		NAME		
STREET ADDRESS	7600 SOUTHLAND BLVD SUITE 100		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32809		CITY-ST-ZIP		
TITLE	STD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	CAVANAGH, A MRS		NAME		
STREET ADDRESS	7600 SOUTHLAND BLVD SUITE 100		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32809		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] A. CAVANAGH S/T/D 3/25/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/01)