

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90171 007 ***150.00

DOCUMENT #

1. Entity Name

P00000010040
CSP Consultants Inc ✓

DO NOT WRITE IN THIS SPACE

11009644

2. Principal Place of Business

514 Lanternback Island Dr.

Suite, Apt. #, etc.

3. Mailing Address

514 Lanternback Island Dr.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Satellite Beach

Zip 32937

Country
Brevard

City & State
Satellite Beach

Zip 32937

Country
Brevard

4. FEI Number

59-3624947

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

COSTAS PAPPAS

Street Address (P.O. Box Number is Not Acceptable)

514 Lanternback Island Drive

City

Satellite Beach

FL

Zip Code

32937

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE

DPT

NAME

PAPPAS, COSTAS

STREET ADDRESS

514 Lanternback Island Dr.

CITY-ST-ZIP

Satellite Beach FL 32937

TITLE

DVS

NAME

PAPPAS, REGINE

STREET ADDRESS

514 Lanternback Island Drive

CITY-ST-ZIP

Satellite Beach, FL 32937

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

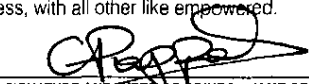
STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:



COSTAS PAPPAS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/03

Date

321-779-8143

Daytime Phone #

CR2E034B (12/01)