

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000010587

1. Entity Name
CSALES.NET, INC.

Principal Place of Business Mailing Address
2523 S. FERDON BLVD. 2523 S. FERDON BLVD.
CRESTVIEW FL 32536 CRESTVIEW FL 32536

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

COLCLASURE, JOAN
1467 COREMA DRIVE
CRESTVIEW FL 32539

FILED
Jan 10, 2002 8:00 am
Secretary of State

01-10-2002 90017 015 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3623556 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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

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) ☐

FILE NOW!!! FEE IS \$150.00
~~After May 1, 2002 Fee will be \$650.00~~
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

TITLE	P	<input type="checkbox"/> Delete
NAME	COLDISURE, JOAN W	
STREET ADDRESS	1467 COREMA DRIVE	
CITY-ST-ZIP	CRESTVIEW FL 32539	
TITLE	V	<input type="checkbox"/> Delete
NAME	COLDOSURE, BELINDA	
STREET ADDRESS	5361 SHOFFNER BLVD.	
CITY-ST-ZIP	CRESTVIEW FL 32539	
TITLE	S	<input type="checkbox"/> Delete
NAME	COLDOSURE, PETER L	
STREET ADDRESS	5361 SHOFFNER BLVD.	
CITY-ST-ZIP	CRESTVIEW FL 32539	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Colclasure, Joan W	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Colclasure, Belinda	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Colclasure, Peter L.	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Belinda Colclasure
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-02 850-682-3912
Date Daytime Phone #

0056631 AV

CR2E034 (9/01)