

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90304 002 ***150.00

DOCUMENT # P00000067452

1. Entity Name

CV FINANCIAL CONSULTING SERVICES, INC.

Principal Place of Business

Mailing Address

**200 S. HARBOR CITY BLVD., STE. 201
MELBOURNE FL 32901**

**200 S. HARBOR CITY BLVD., STE. 201
MELBOURNE FL 32901**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

52-2256123

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LYERLY, ROBERT M ESQ.
202 N. HARBOR CITY BLVD., STE. 300
MELBOURNE FL 32935**

Name

RICHARD E. TORPY, ESQ.

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

202 N. HARBOR CITY BLVD.

SUITE 300

City

MELBOURNE

FL

Zip Code

32935

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

Richard E. Torpy

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/12/01

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, 2001 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
NAME **VAUTROT, JAMES E**
STREET ADDRESS **1415 JAMESTOWN RD.**
CITY-ST-ZIP **WILLIAMSBURG VA 23185**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **VD** ☐ Delete
NAME **COOPER, I. WAYNE**
STREET ADDRESS **843 LOGGERHEAD ISLAND DR.**
CITY-ST-ZIP **SATELLITE BEACH FL 32937**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James E. Vautrot **4/11/01** **321-729-8200**

Date

Daytime Phone #

CR2E034 (10/00)