

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90367 008 ***150.00

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 AV

DOCUMENT # P00000067452

1. Entity Name

CV FINANCIAL CONSULTING SERVICES, INC.

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

1840 CANTERBURY DR

3. Mailing Address

1840 CANTERBURY DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

INDIANLANTIC, FL

City & State

INDIANLANTIC, FL

Zip

32903

Country

BREVARD

Zip

32903

Country

BREVARD

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

TORPY, RICHARD E ESQ

202 N. HARBOR CITY BLVD., STE. 300

MELBOURNE FL 32935

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 \$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
 NAME VAUTROT, JAMES E
 STREET ADDRESS 1415 JAMESTOWN RD.
 CITY-ST-ZIP WILLIAMSBURG VA 23185 ☒ Delete

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

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP P/T/S/D ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
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 CITY-ST-ZIP ☐ Change ☐ Addition

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 CITY-ST-ZIP ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 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

4/19/02

321-723-3352

Date

Daytime Phone #

CR2E034 (9/01)