From: JOSEPH J NOLAN 646 2764 0

05-24-2002 91325 010 ***150.00
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[redacted]

37868

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000073846

1. Entity Name

C.C.S.B., Inc.

**DO NOT WRITE IN THIS SPACE**

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 6956 S. Shore Dr. | 6956 S. Shore Dr. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: St. Petersburg, Fl | City & State: St. Petersburg, Fl. |
| Zip: 33707 Country: USA | Zip: 33707 Country: USA |

DO NOT WRITE IN THIS SPACE

59-3718980

4. FEI Number: applied for — 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: Joseph J. Nolan

Street Address (P.O. Box Number is Not Acceptable): 1674 Williamsburg Sq.

City: Lakeland FL Zip Code: 33803

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

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. (OUR) OFFICERS AND DIRECTORS:

| | |
|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Carolyn Siewert—Treasurer<br>6956 S. Shore Dr.<br>St. Pete, Fl. 33709 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Colby Lytle—Vice President<br>4550 7th Ave. N.<br>St. Pete, Fl. 33713 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Susan Lytle—Secretary<br>4550 7th Ave. N.<br>St. Pete, Fl. 33713 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Barry Siewert—President<br>6956 S. Shore Dr.<br>St. Petersburg, Fl. 33707 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | |

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP

**DO NOT WRITE IN THIS SPACE**

7/15

12. 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 blank/like empowerment.

SIGNATURE: Barry J. Siewert 4-29-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

CR2E036 (12/01)