

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 29, 2002 8:00 am
Secretary of State

05-14-2002 90357 014 ***150.00
 07-29-2002 90001 042 ***165.00

DOCUMENT # P00000097448

1. Entity Name
CSM MORTGAGE SERVICES, INC.

Principal Place of Business
**1964 LAUGHING GULL LANE . UNIT 1321
 CLEARWATER FL 33762**

Mailing Address
**POST OFFICE BOX 45114
 TAMPA FL 33677-5114**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3676775**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

**SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PD
 SCPIO, JOHN
 1964 LAUGHING GULL LANE , UNIT 1321
 CLEARWATER FL 33762** ☐ Delete

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

TITLE
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 CITY-ST-ZIP
**STD
 SMITH, MARLO
 1964 LAUGHING GULL LANE , UNIT 1321
 CLEARWATER FL 33762** ☐ Delete

TITLE
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☐ 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:

John Scipio
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-02 813-376-5585

CR2E034 (4/02)

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Attachment
B0132759

DOCUMENT # PO0000097448

1. Entity Name

CSM MORTGAGE SERVICES, INC.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business

1964 LAUGHING GULL LANE

3. Mailing Address

PO BOX 45114

Suite, Apt., etc.

Suite, Apt., etc.

1321

City & State

City & State

CLEARWATER, FL

TAMPA, FL 33677-5114

Zip

Country

Zip

Country

PINEILLAS

33677-5114

Hillsborough

4. FEI Number

59-3676775

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

FRANK MYLES

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

1202 N. 22ND ST. #323

City

TAMPA

FL

Zip Code

33612

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 fee, if applicable.

(NOTE: Registered Agent signature required when changing)

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 PRESIDENT
NAME JOHN SCIPID
STREET ADDRESS 1964 LAUGHING GULL LANE #1821
CITY-STATE-ZIP CLEARWATER, FL

TITLE SECRETARY, TREASURER
NAME MARLO SMITH
STREET ADDRESS 1964 LAUGHING GULL LANE #1321
CITY-STATE-ZIP CLEARWATER, FL

TITLE
NAME
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CITY-STATE-ZIP

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: John Scipio JOHN SCIPID

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-02 813-918-5002

Date

Daytime Phone #

CR2E034B (12/01)



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

July 3, 2002

CSM MORTGAGE SERVICES, INC.
POST OFFICE BOX 45114
TAMPA, FL 33677-5114

SUBJECT: CSM MORTGAGE SERVICES, INC.
Ref. Number: P00000097448

Debit Memo #: 25350-A

This is to inform you that check #1017 dated APRIL 30, 2002 in the amount of \$150.00 submitted with the annual report/uniform business report for CSM MORTGAGE SERVICES, INC. has been returned by your bank because of NON-SUFFICIENT FUNDS.

We request you remit a cashier's check or money order, referencing the above named debit memo number, in the amount of \$165.00 made payable to the Department of State to cover the unpaid fees and service charge.

Section 607.1421 or 617.1421, Florida Statutes, requires at least 60 day notice of our intent to administratively dissolve or revoke your corporation for failure to file the annual report/uniform business report and pay the filing fee. Consider this your 60 day notice if the payment is not received, your corporation will be administratively dissolved or revoked on or after September 3, 2002 and a reinstatement fee of an additional \$600 will be imposed to reactivate the corporation.

Please send the replacement check to my attention at the address listed below.

If you have any questions concerning the filing of your document, please call (850) 245-6057.

Pat Bailey
Accountant II

Letter Number: 902A00042103