

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000110861

1. Entity Name
CENSEO CORPORATION

Principal Place of Business
1850 LEE ROAD SUITE 135
WINTER PARK FL 32789

Mailing Address
1850 LEE ROAD SUITE 135
WINTER PARK FL 32789

2. Principal Place of Business
668 N. Orlando Ave.
Suite, Apt. #, etc.
Suite 210
City & State
Maitland
Zip
32751
Country
U.S.A.

3. Mailing Address
668 N. Orlando Ave.
Suite, Apt. #, etc.
Suite 210
City & State
Maitland
Zip
32751
Country
U.S.A.

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

01-10-2002 90003 009 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3683790 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KAZAZIS, MICHAEL J
1850 LEE ROAD SUITE 135
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name Kazazis, Michael J.
Street Address (P.O. Box Number is Not Acceptable)
668 N. Orlando Ave
Suite 210
City Maitland FL Zip Code 32751

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 *Michael J. Kazazis* Michael J. Kazazis
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

1/6/02
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

TITLE	P	<input type="checkbox"/> Delete
NAME	GOSS, RONALD H	
STREET ADDRESS	8716 FERNWICKLE CT.	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	HIGGINS, CARLA	
STREET ADDRESS	219 DUNCAN TRAIL	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	KAZAZIS, MICHAEL J	
STREET ADDRESS	459 LONGMEADOW LANE	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HIGGINS, JIM	
STREET ADDRESS	219 DUNCAN TRAIL	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CHOKSHI, DIKESH	
STREET ADDRESS	1030 FRONT CREEK CT.	
CITY-ST-ZIP	OVIDO FL 32785	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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		
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: *Michael J. Kazazis* Michael J. Kazazis 1/6/02 407-645-1600 x130
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/01)