

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**

05-24-2002 91280 008 \*\*\*150.00

**DOCUMENT # P01000018992**

**1. Entity Name**  
**CSO INDUSTRIES, INC.**

**Principal Place of Business**  
**2787 ENTERPRISE RD EAST #12**  
**CLEARWATER FL 33759**

**Mailing Address**  
**2787 ENTERPRISE RD EAST #12**  
**CLEARWATER FL 33759**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business** **3. Mailing Address**  
**3111 W. Dr. M.L. King Jr. Blvd.** **3111 W. Dr. M.L. King Jr. Blvd.**

**Suite, Apt. #, etc.** **Suite, Apt. #, etc.**  
**Suite 100** **Suite 100**  
**City & State** **City & State**  
**Tampa FL** **Tampa FL**  
**Zip** **Zip** **Country** **Country**  
**33607** **Pinellas** **33607** **Pinellas**

**4. FEI Number** **5A** **Applied For**  
**59-5736201** **Not Applicable**  
**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**OWENS, CHARLES S III**  
**2787 ENTERPRISE RD EAST #12**  
**CLEARWATER FL 33759**

**7. Name and Address of New Registered Agent**  
**Name** **N/A**  
**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** **Charles S Owens III** **4/30/02**  
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.** ☒ **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** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>OWENS, CHARLES S III</b>	NAME			
STREET ADDRESS	<b>2787 ENTERPRISE RD EAST #12</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>CLEARWATER FL 33759</b>	CITY-ST-ZIP			
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>OWENS, DOROTHY K</b>	NAME			
STREET ADDRESS	<b>2787 ENTERPRISE RD EAST #12</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>CLEARWATER FL 33759</b>	CITY-ST-ZIP			
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>OWENS, KATHY M</b>	NAME			
STREET ADDRESS	<b>7501 142ND AVE #410</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>LARGO FL 33677</b>	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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:** **Charles S Owens III** **4-30-02** **813-350-7839**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)