

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2003 8:00 am**  
**Secretary of State**

01-29-2003 90137 021 \*\*\*150.00

**DOCUMENT # P01000046658**

**1. Entity Name**  
**C.S.G. FOOD SERVICE, INC.**



**Principal Place of Business**  
**15600 SAN CARLOS BLVD UNIT 36**  
**FT MYERS FL 33908**

**Mailing Address**  
**15600 SAN CARLOS BLVD UNIT 36**  
**FT MYERS FL 33908**

**2. Principal Place of Business**

**15600 San Carlos Blvd, Unit 36**

Suite, Apt. #, etc.

**3. Mailing Address**

**15600 San Carlos Blvd**

Suite, Apt. #, etc.

**Unit 36**

**City & State**

**Fort Myers, FL**

**City & State**

**Fort Myers, FL**

**Zip**

**33908**

**Country**

**USA**

**Zip**

**33908**

**Country**

**USA**

**4. FEI Number 65-1111668**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**FALLACARA, BARBARA L**  
**15965 CANDLE DRIVE**  
**FT MYERS FL 33908**

**7. Name and Address of New Registered Agent**

**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

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  
**Trust Fund Contribution**

☐

**\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE** **D** ☐ Delete  
**NAME** **PINAULT, GERARD M**  
**STREET ADDRESS** **12497 SUMMERWOOD DRIVE**  
**CITY-ST-ZIP** **FT MYERS FL 33908**

**TITLE** **D** ☐ Delete  
**NAME** **ROGE, CLAUDE R**  
**STREET ADDRESS** **4942 TRITON COURT W**  
**CITY-ST-ZIP** **CAPE CORAL FL 33904**

**TITLE** **D** ☐ Delete  
**NAME** **HYDE, STEPHEN J**  
**STREET ADDRESS** **13411 GATEWAY DRIVE #218**  
**CITY-ST-ZIP** **FT MYERS FL 33919**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **P/D** ☒ Change ☐ Addition  
**NAME** **Pinault, Gerard M**  
**STREET ADDRESS** **12497 Summerwood Drive**  
**CITY-ST-ZIP** **Fort Myers, FL 33908**

**TITLE** **V/D** ☒ Change ☐ Addition  
**NAME** **Roge, Claude R**  
**STREET ADDRESS** **4942 Triton Court, W**  
**CITY-ST-ZIP** **Cape Coral, FL 33904**

**TITLE** **SIT/D** ☒ Change ☐ Addition  
**NAME** **Hyde, Stephen J**  
**STREET ADDRESS** **13411 Gateway Dr #218**  
**CITY-ST-ZIP** **Fort Myers, FL 33919**

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

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

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

**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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** **CLAUDE R. ROGE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/27/03 239-415-4375**  
Date Daytime Phone #

CR2E034 (10/02)