

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000049884

1. Entity Name

CSS MANAGEMENT OF ORLANDO, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
78 West Church Street

3. Mailing Address
P.O. Box 3149

Suite, Apt. #, etc.
Suite 130

Suite, Apt. #, etc.

City & State
Orlando, Florida

City & State
Orlando, Florida

Zip
32801

Country
USA

Zip
32802

Country
USA

4. FFL Number
59-3727656

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
Corporation Service Company
Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

City Tallahassee FL 32301

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

Cynthia L. Harris

Cynthia L. Harris
as its agent

8/8/02

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
NAME
STREET ADDRESS
CITY - ST - ZIP
Hayden, Thomas, Director
78 West Church Street, Suite 130
Orlando, Florida 32801

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

200007426332--6
-08/29/02--01046--026
*****550.00 *****550.00

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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)(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 all other like empowered.

SIGNATURE:

Thomas J. Hayden

Thomas Hayden, Director

8/7/02

(407) 316-8800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)