

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

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90727 039 ***158.75

DOCUMENT # PO10000065225
1. Entity Name CNS REAL ESTATE CORP

DO NOT WRITE IN THIS SPACE

028010

2. Principal Place of Business 13664 Bromley Point Dr.
Suite, Apt. #, etc.

3. Mailing Address 13664 Bromley Point Dr.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State JACKSONVILLE FLORIDA
Zip 32225 Country USA

City & State JACKSONVILLE, FLORIDA
Zip 32225 Country USA

4. FEI Number 59-3729969
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 CHARLES C. BARNETT
Street Address (P.O. Box Number is Not Acceptable) 13664 Bromley Point Dr.
City JACKSONVILLE FL Zip Code 32225

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 C. Barnett Pres. DATE 3/28/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<u>PRES CHARLES C. BARNETT 13664 Bromley Point Dr JACKSONVILLE, FL 32225</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VICE PRES CHARLES C. BARNETT SAME</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>SECY-TREAS CHARLES C. BARNETT SAME</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: Charles C. Barnett Pres. DATE 3/28/02 DAYTIME PHONE # 904-221-3065
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CHARLES C. BARNETT PRES.

CR2E034B (12/01)