

**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 # **P010000065225**
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**

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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.** **3/28/02**
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. ☒
(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	PRES CHARLES C. BARNETT 13664 Bromley Point Dr JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRES CHARLES C. BARNETT SAME
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECY-TREAS CHARLES C. BARNETT SAME
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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.**
Signature and typed or printed name of signing officer or director
CHARLES C. BARNETT PRES.

3/28/02 **904-221-3065**
Date Daytime Phone #

CR2E034B (12/01)