

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90021 037 ***150.00

DOCUMENT # P01000077807

1. Entity Name

CEO BUSINESS SERVICES, INC.

Principal Place of Business

**40 N OSPREY AVENUE
 SUITE D
 SARASOTA FL 34236**

Mailing Address

**40 N OSPREY AVENUE
 SUITE D
 SARASOTA FL 34236**

2. Principal Place of Business

3911 W. Waters Ave

3. Mailing Address

3911 W. Waters Ave

Suite, Apt. #, etc.

Suite 11

Suite, Apt. #, etc.

Suite 11

City & State

Tampa, FL 33614

City & State

Tampa FL

4. FEI Number

65-1126709

Applied For

Not Applicable

Zip

Country

33614 Hillsborough

Zip

Country

33614 Hillsborough

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**MUSCO, STEPHEN M
 40 N OSPREY AVENUE
 SUITE D
 SARASOTA FL 34236**

7. Name and Address of New Registered Agent

**Nicholas V. Volpe
 3911 W. Waters Ave
 Suite 11
 Tampa FL 33614**

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

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) ☐

**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
 Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MUSCO, STEPHEN M	
STREET ADDRESS	40 N OSPREY AVENUE, SUITE D	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	D	<input type="checkbox"/> Delete
NAME	VOLPE, NICHOLAS V	
STREET ADDRESS	40 N OSPREY AVENUE, SUITE D	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MASON, LINDA J	
STREET ADDRESS	40 N OSPREY AVENUE, SUITE D	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Volpe, Nicholas V	
STREET ADDRESS	3911 W. Waters Ave Suite 11	
CITY-ST-ZIP	Tampa FL 33614	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/14/02 813-931-7774

CR2E034 (9/01)