

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90058 021 ***150.00

DOCUMENT # P01000085977

1. Entity Name
C.E.S. CONSULTING, INC.

Principal Place of Business

**7375 S.W. 33RD STREET
 PALM CITY FL 34990**

Mailing Address

**7375 S.W. 33RD STREET
 PALM CITY FL 34990**

2. Principal Place of Business

7375 S.W. 33rd Street
 Suite, Apt. #, etc.

3. Mailing Address

7375 S.W. 33rd Street
 Suite, Apt. #, etc.

City & State

Palm City, FL 34990

City & State

Palm City, FL 34990

4. FEI Number

65-0388426

Applied For

Not Applicable

Zip

34990

Country

USA

Zip

34990

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

CARTENUTO, ALBERT A.A. III

9100 OUTH DADELAND BOULEVARD

SUITE 404

MIAMI FL 33156-7819

7. Name and Address of New Registered Agent

Name

Charles E. Smith

Street Address (P.O. Box Number is Not Acceptable)

7375 S.W. 33rd Street

City

Palm City

FL

Zip Code

34990

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 E. Smith**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/15/02
 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	PD	<input type="checkbox"/> Delete
NAME	SMITH, CHARLES E	
STREET ADDRESS	P.O. BOX 2236	
CITY-ST-ZIP	PALM CITY FL 34991	
TITLE	VT	<input type="checkbox"/> Delete
NAME	SMITH, CHERYL L	
STREET ADDRESS	P.O. BOX 2236	
CITY-ST-ZIP	PALM CITY, FL 34991	
TITLE	S	<input type="checkbox"/> Delete
NAME	SMITH, CHRISTINE E	
STREET ADDRESS	P.O. BOX 2236	
CITY-ST-ZIP	PALM CITY FL 34991	
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	<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

2/15/02 561-2865761

Date

Daytime Phone #

CR2E034 (9/01)