

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

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90325 001 ***150.00

05-02-2003 90325 002 *****8.75

DOCUMENT # *P02000050093*

1. Entity Name

C&N Consulting Services Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2314 Oak Hurst Ct.

3. Mailing Address

2314 Oak Hurst Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Valrico Florida

City & State

Valrico Florida

Zip

33594

Country

Hillsborough

Zip

33594

Country

Hillsborough

4. FEI Number

500 003 098

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Carl Warrmack

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

809 E. Bloomingdale Ave. #125

City

Brandon

FL

Zip Code

33511

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Carl Warrmack

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME

*President
Nelson Sardia
2314 Oak Hurst Ct.
Valrico FL 33594*

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME

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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/28/03

Daytime Phone #

CR2E034B (12/02)