

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90162 023 ***150.00

DOCUMENT # P02000057728

1. Entity Name
CSP VENTURES, INC.



Principal Place of Business
639 MICHIGAN INC.
STE 200
DUNEDINE FL 34698

Mailing Address
639 MICHIGAN INC.
STE 200
DUNEDINE FL 34698

2. Principal Place of Business

639 Michigan Blvd. (NOT INC)
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 370
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
Dunedin (NO "E")

City & State
Dunedin FL

4. FEI Number
02-0623212

Applied For
Not Applicable

Zip Country

Zip Country
34698 Pinellas

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PARKINSON, CONNIE S
639 MICHIGAN INC.
STE 200
DUNEDINE FL 34698

7. Name and Address of New Registered Agent

Name **Parkinson, Connie S (NO "G")**
Street Address (P.O. Box Number is Not Acceptable) **639 Michigan Blvd. (NOT INC)**
Ste 200
City **Dunedin FL** Zip Code **34698**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 STREET ADDRESS CITY-ST-ZIP	D PARKINSON, CONNIE S 639 MICHIGAN INC. DUNEDINE FL 34698	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P 639 Michigan Blvd (NOT "INC")	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Connie S. Parkinson Pres.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/03 727-709-4069

Date

Daytime Phone #

CR2E034 (10/02)