

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 24, 1999 8:00 am  
Secretary of State

03-24-1999 90098 029 \*\*\*150.00

DOCUMENT # P93000074897

1. Corporation Name

CONSULTING SERVICE & INFORMATION, INC.

Principal Place of Business

2482 SCARLET OAK CT.  
SARASOTA FL 34232

Mailing Address

2482 SCARLET OAK CT.  
SARASOTA FL 34232

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/25/1993

4. FEI Number

65-0442429

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 6276 Aventura Dr.

Suite, Apt. #, etc.

City & State

23 Sarasota, FL

Zip

24 34241

Country

25 USA

2a. Mailing Address

26 6276 Aventura Dr.

Suite, Apt. #, etc.

City & State

28 Sarasota, FL

Zip

29 34241

Country

30 USA

9. Name and Address of Current Registered Agent

FARRELL, LAURA  
2482 SCARLET OAK CT.  
SARASOTA FL 34232

10. Name and Address of New Registered Agent

81 Name

Laura Farrell

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

6276 Aventura Dr.

83

84 City

Sarasota

FL

85 Zip Code

34241

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-15-99

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME FARRELL, LAURA  
STREET ADDRESS 2482 SCARLET OAK CT.  
CITY-ST-ZIP SARASOTA FL 34232

TITLE V ☐ DELETE

NAME FARRELL, DANIEL J 111  
STREET ADDRESS 2482 SCARLET OAK CT.  
CITY-ST-ZIP SARASOTA FL 34232

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 6276 Aventura Dr

1.4 CITY-ST-ZIP Sarasota, FL 34241

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 6276 Aventura Dr.

2.4 CITY-ST-ZIP Sarasota, FL 34241

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-99

Date

(941) 927-7654

Daytime Phone #

0478052

CR2F034 (11/98)