

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000084965

1. Entity Name

CENTRAL FLORIDA BUSINESS SYSTEMS, INC.

FILED

May 08, 2000 8:00 am
Secretary of State

05-08-2000 90096 017 ***150.00

Principal Place of Business

Mailing Address

1424 COMMERCIAL PARK DRIVE
LAKELAND FL 33801

1520 COMMERCIAL PARK DRIVE
LAKELAND FL 33801-6517

2. Principal Place of Business

4025 STATE ROAD 60 EAST

3. Mailing Address

4025 STATE ROAD 60 EAST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BARTON FL

City & State

BARTON FL

Zip

Country

33830-8666 USA

Zip

Country

33830-8666 USA

4. FEI Number

59-3212912

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OSTEEN, JOEY
1520 COMMERCIAL PK DR
LAKELAND FL 33801

Name

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

4025 STATE ROAD 60 EAST

City

BARTON

FL

Zip Code

33830-8666

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] - JOEY OSTEEN - President

4/25/2000

(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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST OSTEEN, JOEY 1424 COMMERCIAL PARK DRIVE, SUITE 2 LAKELAND FL	<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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	4025 STATE ROAD 60 EAST BARTON FL 33830-8666	<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
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
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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] SIGNATURE REQUIRED

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

4/25/2000

Date

863-533-4444

Daytime Phone #

CR2E034 (9/99)