

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90040 040 ***150.00

DOCUMENT # P94000086001

1. Entity Name
C. S. S. ENTERPRISES, INC.

Principal Place of Business

**104 SW WIND CIRCLE
PORT ST LUCIE FL 34953
US**

Mailing Address

**104 SW WIND CIRCLE
PORT ST LUCIE FL 34953
US**

2. Principal Place of Business

**749 SE PORTAGE AVE
Suite, Apt. #, etc.
PORT ST. LUCIE FL.
City & State**

3. Mailing Address

**749 SE PORTAGE AVE.
Suite, Apt. #, etc.
PORT ST. LUCIE FL.
City & State**



DO NOT WRITE IN THIS SPACE

Zip
34984

Country
U.S.A.

Zip
34984

Country
U.S.A.

4. FEI Number
65-0538966

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**CARRELL, BARBARA A
104 SW WIND CIRCLE
PORT ST LUCIE FL 34953**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
**749 SE PORTAGE AVE
City PORT ST. LUCIE FL Zip Code 34984**

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, 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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
CARRELL, BARBARA A
104 SW WIND CIRCLE
PORT ST LUCIE FL 34953** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**749 SE PORTAGE AVE.
PORT ST. LUCIE FL. 34984** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVS
CARRELL, JAMES R
104 SW WIND CIRCLE
PORT ST LUCIE FL 34953** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**749 SE PORTAGE AVE
PORT ST. LUCIE FL. 34984** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
FALCON, JUAN A
1450 NE 48TH CT.
POMPANO BEACH FL 33064** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**213 SW MOREILLA LANE
PORT ST. LUCIE FL. 34952** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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: Barbara Carrell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/02 561-624-3033
Date Daytime Phone #

CR2E034 (9/01)