

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000022707

1. Entity Name

CSM CONSULTING SERVICES, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90173 008 ***150.00

Principal Place of Business

3157 LAKESTONE DR
TAMPA FL 33618

Mailing Address

3157 LAKESTONE DR
TAMPA FL 33594-7837

2. Principal Place of Business

2208 Allwood Ave

Suite, Apt. #, etc.

3. Mailing Address

2208 Allwood Ave

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Valrico FL

City & State

Valrico FL

4. FEI Number

58-2175441

Applied For

Not Applicable

Zip

33594

Country

USA

Zip

33594

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MENG, STEVEN H
3157 LAKESTONE DR
TAMPA FL 33618

7. Name and Address of New Registered Agent

Name

Steven H. Meng

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

2208 Allwood Ave

City

Valrico

FL

Zip Code

33594

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

SH Meng

Steven H Meng

5/1/00

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

TITLE	D	<input type="checkbox"/> Delete
NAME	MENG, STEVEN H	
STREET ADDRESS	3157 LAKESTONE DR	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE	D	<input type="checkbox"/> Delete
NAME	MENG, CATHERINE H	
STREET ADDRESS	3157 LAKESTONE DR	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2208 Allwood Ave	
CITY-ST-ZIP	Valrico FL 33594	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2208 Allwood Ave	
CITY-ST-ZIP	Valrico FL 33594	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SH Meng

Steven H Meng

5/1/00

813 662 6476

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)