## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Jan 30, 2002 8:00 am Secretary of State DOCUMENT # P95000088457 1. Entity Name 01-30-2002 90109 006 \*\*\*150.00 C.S.E. HOLDINGS, INC. Principal Place of Business Mailing Address 19150 PARK PLACE BLVD 19150 PARK PLACE BLVD EUSTIS FL 32736 EUSTIS FL 32736 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3153982 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired -Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent EBERT, CAROL S Street Address (P.O. Box Number is Not Acceptable) 136 BAYTREE BLVD SAME AS TAVARES FL 32778 City Zip Code 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME EBERT, CAROL S STREET ADDRESS STREET ADDRESS 136 BAYTREE BLVD CITY-ST-ZIP CITY-ST-7/P TAVARES FL 32778 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP .... Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Date

Date

Date

Description

Date

Description

Descripti