## **2003 FOR PROFIT CORPORATION**

Mailing Address P O BOX 456

AVON PARK FL 33825

3. Mailing Address

City & State

Suite, Apt. #, etc.

## **UNIFORM BUSINESS REPORT (UBR**

P95000089990 **DOCUMENT #** 

1. Entity Name C&S HOSPITALITY, INC.

Principal Place of Business 2511 HWY 27 \$

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

AVON PARK FL 33825



**FILED** Apr 28, 2003 8:00 am Secretary of State

04-28-2003 90520 047 \*\*\*150.00



SHBLES, RAYMOND 9835 CAMPBELL CIRCLE NAPLES FL  City FL	Zip		Country	Zip		Count	try	5	5. Ce	ertificate of Status Desired		\$8.75 Add Fee Require		
SHBLES, RAYMOND 9633 CAMPBELL CIRCLE NAPLES FL  City  City  FL  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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 13.  TITLE  COPPINGER, JAMES E  SIBERT ADDRESS  SIBERT ADDRESS  425 NATUCKET PT DRIVE  CITY-ST-2P  WILDWOOD MO 83040  TITLE  SIBERT ADDRESS  SIBERT ADD	6. Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent						
Sirred Address (P.O. Box Number is Not Acceptable)	SHIRLES RAYMOND							Name						
B. 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. I am familiar with, and accept the obligations of registered agent.    Signature   Symbol	9693 CAMPBELL CIRCLE						Street Address (P.O. Box Number is Not Acceptable)							
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept it the obligations of registered agent.    Signature   Sig	NAPLES FL													
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12. Thereby certify that the information symplied with this filling does not qualify for the exemption stated in Section 110.07(3)(i). Florida Statutes. I further certify that the information		ortify that the	information appoint with the	hio filing :	does not evenify f			dia Casi-	n 111	0.07/9//i\ Elocide Oten 2 - 1	fronth	esis, short the city	darmati	

I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(1), Florida Statutes, Flurifier Certify that the immortance 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

COPPINCER 4-24-03 453-2