

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2000 8:00 am
Secretary of State
 05-17-2000 90903 017 ***150.00

DOCUMENT # P96000036297

1. Entity Name

CSR VENTURES, INC.

Principal Place of Business

**2017 SEAWAY DR
 FT. PIERCE FL 34949
 US**

Mailing Address

**9417 S OCEAN DR
 #41
 JENSEN BEACH FL 34957-2371
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2017 Seaway Dr.

FT. Pierce, FL

34949

USA.



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0659292

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

**RUSSO, CHRISTOPHER S
 9417 S OCEAN DR
 #41
 JENSEN BEACH FL 34957**

Name

Christopher, S. Russo

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

2017 Seaway Dr

City

FT. Pierce

FL

Zip Code

34949

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/27/00

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	DP	<input type="checkbox"/> Delete
NAME	RUSSO, CHRISTOPHER S	
STREET ADDRESS	9417 S OCEAN DR #41	
CITY-ST-ZIP	JENSEN BEACH FL	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Robert P. Russo	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1678 Harbour Isles Cir.	
STREET ADDRESS	Dock St Lucie FL 34986	
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		
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:

[Signature] **Christopher S. Russo**

Date

Daytime Phone #

4/28/00 (561) 595-9057

CR2E034 (9/99)