

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

04-08-2002 90205 032 ***150.00

DOCUMENT # P96000054859

1. Entity Name
CHURCH STREET SYSTEMS, INC.

Principal Place of Business
903 PENNSYLVANIA AVENUE
SAINT CLOUD FL 34769

Mailing Address
PO BOX 700665
ST CLOUD FL 34770



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5401 S. Kirkman Rd

3. Mailing Address
5401 S. Kirkman Rd

Suite, Apt. #, etc.
680

Suite, Apt. #, etc.
680

City & State
Orlando, FL

City & State
Orlando, FL

4. FEI Number
59-3434979

Applied For
☐ Not Applicable

Zip
32819

Country
USA

Zip
32819

Country
USA

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

6. Name and Address of Current Registered Agent

FOUNTAS, CHRISTOPHER N
5107 LOBO CT
ORLANDO FL 32819

7. Name and Address of New Registered Agent

Name

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

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.

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

TITLE
PD
 NAME
THORNTON, STACY
 STREET ADDRESS
903 PENNSYLVANIA AVENUE
 CITY-ST-ZIP
ST CLOUD FL 34769

TITLE
SVPD
 NAME
BUZZUTO, JACQUELINE
 STREET ADDRESS
5107 LOBO CT
 CITY-ST-ZIP
ORLANDO FL 32819

TITLE
D
 NAME
THORNTON, HARKLEY R
 STREET ADDRESS
903 PENNSYLVANIA AVENUE
 CITY-ST-ZIP
ST CLOUD FL 34769

TITLE
D
 NAME
FOUNTAS, CHRISTOPHER N
 STREET ADDRESS
5107 LOBO COURT
 CITY-ST-ZIP
ORLANDO FL 32819

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
PD
 NAME
Thornton, Stacy
 STREET ADDRESS
5401 S. Kirkman Rd #680
 CITY-ST-ZIP
Orlando, FL 32819

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
PD
 NAME
Thornton, Harkley R.
 STREET ADDRESS
5401 S. Kirkman Rd #680
 CITY-ST-ZIP
Orlando, FL 32819

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/02

Date

Daytime Phone #

CR2E034 (9/01)