

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90102 002 ***150.00

DOCUMENT # P96000098267
1. Entity Name
CSII MANAGEMENT SERVICES INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1638 RIVERGATE TRAIL Suite, Apt. #, etc.	3. Mailing Address 1638 RIVERGATE TRAIL Suite, Apt. #, etc.
City & State JACKSONVILLE, FL	City & State JACKSONVILLE, FL
Zip 32223	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3413142	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name KIM CARR
Street Address (P.O. Box Number is Not Acceptable) 1638 RIVERGATE TRAIL
City JACKSONVILLE
State FL
Zip Code 32223

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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT KIM CARR 1638 RIVERGATE TRAIL JACKSONVILLE, FL 32223	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT RONALD CARR 1638 RIVERGATE TRAIL JACKSONVILLE, FL 32223	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-9-05