

DOCUMENT # P97000055941

1. Entity Name

CENTRAL FLORIDA MINORITY BUSINESS SERVICES, INC.

FILED
Jan 09, 2001 8:00 am
Secretary of State

01-09-2001 90004 041 ***150.00

Principal Place of Business Mailing Address
3111 TRADEWINDS TR. P.O. BOX 5614
ORLANDO FL 32805 ORLANDO FL 32805

2. Principal Place of Business 3. Mailing Address
521 Woods AVENUE Suite, Apt. #, etc.

City & State City & State
Orlando, FL
Zip Country Zip Country
32805 ORANGE

4. FEI Number 59-3492986 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
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code
BETTS, HENRY
3111 TRADEWINDS TR.
ORLANDO FL 32805

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 Henry S. Betts HENRY S. BETTS 01-03-01
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. ☐ FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	P BETTS, HENRY 3111 TRADEWINDS TR. ORLANDO FL 32805 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COSTICT, WANDA 521 WOODS AVENUE ORLANDO FL 32805 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Henry S. Betts HENRY S. BETTS 01-03-01 407-246-0022
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #