

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P98000002780**

1. Entity Name

**CONSOLIDATED SERVICE GROUP, INC.**

Principal Place of Business

**5425 CRENSHAW ROAD  
TAMPA FL 33634**

Mailing Address

**5425 CRENSHAW ROAD  
TAMPA FL 33634**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**6. Name and Address of Current Registered Agent****DOCOCO, ALBERT N  
5425 CRENSHAW ROAD  
TAMPA FL 33634****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)

(NOT

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  
After MAY 1, 2001  
Make Check Payable to Department of State****FEE IS \$150.00****Fee will be \$550.00**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be  
Added to Fees****11. OFFICERS AND DIRECTORS**

TITLE	<b>D/P</b>	<input type="checkbox"/> Delete
NAME	<b>DOCOCO, ALBERT N</b>	
STREET ADDRESS	<b>5425 CRENSHAW ROAD</b>	
CITY-ST-ZIP	<b>TAMPA FL 33634</b>	
TITLE	<b>DST</b>	<input type="checkbox"/> Delete
NAME	<b>ARENAS, ANTHONY</b>	
STREET ADDRESS	<b>5425 CRENSHAW ROAD</b>	
CITY-ST-ZIP	<b>TAMPA FL 33634</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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  
indicated on this report or supplemental report is true and accurate and that I  
of the corporation or the receiver or trustee empowered to execute this report  
changed, or on an attachment with an address, with all other like empoweredthe exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information  
signature shall have the same legal effect as if made under oath; that I am an officer or director  
is required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ALBERT N. DOCOCO 6/1/01 813-806-0096**

Date

Daytime Phone #

**FILED**  
**Jun 08, 2001 8:00 am**  
**Secretary of State**

06-08-2001 90162 015 \*\*\*150.00

**554232**

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3597030**

Applied For

Not Applicable

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

CR2E034 (10/00)