

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2002 8:00 am
Secretary of State

0500477 AN

DOCUMENT # P98000018603
1. Entity Name
CNS ENTERPRISES OF SOUTHWEST FLORIDA, INC.

02-17-2002 90103 018 ***150.00

Principal Place of Business **Mailing Address**
2316 PINE RIDGE ROAD ST STE 314 **2316 PINE RIDGE ROAD ST STE 314**
NAPLES FL 34109 **NAPLES FL 34109**



2. Principal Place of Business **3. Mailing Address**
Suite, Apt. #, etc. **28000 Spanish Wells Rd.**
City & State **Suite, Apt. #, etc.**

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3508779** **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**
AMBURN, JAMES W **Name**
C/O EURO-AMERICAN FINANCIAL SVS INC **Street Address (P.O. Box Number is Not Acceptable)**
2800 SPANISH WELLS BLVD **City** **FL** **Zip Code**
BONITA SPRINGS FL 34135

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

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State **10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**
(See criteria on back) **Trust Fund Contribution.**

| 11. OFFICERS AND DIRECTORS | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|----------------------------|-------------------------------------|---------------------------------|---|--|--|
| TITLE | D. P. V. T. S. | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | VON SYDOW, PETER | | NAME | | |
| STREET ADDRESS | 2605 MAGNOLIA PARK LANE #201 | | STREET ADDRESS | | |
| CITY-ST-ZIP | NAPLES FL 34109 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
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| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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: **PETER VON SYDOW** **01/29/02**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)