

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 25, 2001 8:00 am**  
**Secretary of State**

07-25-2001 90013 027 \*\*\*550.00

<b>DOCUMENT #</b> P98000084669
<b>1. Entity Name</b> CSCF, INC.

<b>Principal Place of Business</b> 380 SOUTH STATE ROAD 434 SUITE 1004-134 ALTAMONTE SPRINGS FL 32714	<b>Mailing Address</b> 380 SOUTH STATE ROAD 434 SUITE 1004-134 ALTAMONTE SPRINGS FL 32714
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

<b>4. FEI Number</b> 57-1073221	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>  ROBERTS, THERESA A 380 SOUTH STATE ROAD 434 SUITE 1004-134 ALTAMONTE SPRINGS FL 32714	<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$550.00</b> <b>After September 12, 2001 Fee will be \$750.00</b> <b>Make Check Payable to Department of State</b>	<b>10. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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<b>11. OFFICERS AND DIRECTORS</b>	<b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>																								
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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:** Theresa A. Roberts *Theresa A. Roberts* 7/16/01 407-29-2306  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)