

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90725 029 ***150.00

DOCUMENT # P99000004626

1. Entity Name
CGS GROUP, INC.



Principal Place of Business
**1707 TILLSTREAM DRIVE
ORLANDO FL 32818**

Mailing Address
**1707 TILLSTREAM DRIVE
ORLANDO FL 32818**

2. Principal Place of Business

7226 W. Colonial Dr.

3. Mailing Address

7226 W. Colonial Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 365

Suite 365

City & State

City & State

Orlando FL

Orlando FL

Zip

Country

Zip

Country

32818

Orlando

32818

Orlando

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3556530**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WRIGHT, PRENTISS
1707 TILLSTREAM DRIVE
ORLANDO FL 32818**

7. Name and Address of New Registered Agent

Name

WRIGHT, PRENTISS

Street Address (P.O. Box Number is Not Acceptable)

7226 W. Colonial Dr. Ste 365

City

Orlando

FL

Zip Code

32818

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **WRIGHT, PRENTISS**
STREET ADDRESS **1707 TILLSTREAM DRIVE**
CITY-ST-ZIP **ORLANDO FL 32818**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **WRIGHT, PRENTISS**
STREET ADDRESS **7226 W. Colonial Dr.**
CITY-ST-ZIP **Box 365 Orlando FL 32818**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-28-03

407-448-9038

CR2E034 (10/02)