

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

Suite, Apt. #, etc.
SUITE 365

City & State
ORLANDO FL

Zip 32818

Country
ORANGE

3. Mailing Address

Suite, Apt. #, etc.
SUITE 365

City & State
ORLANDO FL

Zip 32818

Country
ORANGE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE Change Addition
NAME WRIGHT PRENTISS
STREET ADDRESS 7226 W Colonial Dr.
CITY-ST-ZIP BOX 365 ORLANDO FL 32818

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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TITLE Change Addition
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TITLE Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-03 401-448-9038
Daytime Phone #