

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND  
05-00-2000 901.03 030 \*\*\*150.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

00040021



DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000055831

1. Entity Name  
**COST CONTROL SOLUTIONS, INC.**

Principal Place of Business 12180 28TH STREET NORTH ST PETERSBURG FL 33716	Mailing Address 12180 28TH STREET NORTH ST PETERSBURG FL 33716-1820
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2. Principal Place of Business 350 W. Brandon Blvd Suite 99 Brandon FL 33510 Hillsborough	3. Mailing Address 350 W. Brandon Blvd Suite 99 Brandon, FL 33510 Hillsborough
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4. FEI Number **59-3583028**  Applied For  
Not Applicable

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

7. Name and Address of New Registered Agent  
Name **MERRILL F. WOOD**  
Street Address (P.O. Box Number is Not Acceptable) **3713 420 AVE S**  
**ST. PETERSBURG, FL 33711**  
City **FL** Zip Code

6. Name and Address of Current Registered Agent  
**EVANS, NOEL K ESQ**  
**201 E KENNEDY BLVD SUITE 1500**  
**TAMPA FL 33602**

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 Merrill F. Wood Tampa  
Signature, typed or printed name of registered agent and title if applicable (NOTE: 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!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>EVANS, NOEL K ESQ</b> <b>201 E KENNEDY BLVD SUITE 1500</b> <b>TAMPA FL 33602</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>NOREN FOLSON RES/DIR</b> <input checked="" type="checkbox"/> Delete <b>2301318 OAKCREST DR</b> <b>BRANDON FL 33510</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V.P./DIR</b> <input type="checkbox"/> Delete <b>FRANCES M. WOOD</b> <b>3713 420 AVE S</b> <b>ST. PETERSBURG, FL 33711</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREAS/DIR</b> <input type="checkbox"/> Delete <b>MERRILL F. WOOD</b> <b>3713 420 AVE S</b> <b>ST. PETERSBURG, FL 33711</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY</b> <input type="checkbox"/> Delete <b>NANCY L. WOOD</b> <b>11863 68TH ST N</b> <b>LARGO, FL 33773</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 a power like empowered.

SIGNATURE: Merrill F. Wood  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4.2500 (618) 265-0613**  
Date Daytime Phone #

CR2E034 (9/99)