## **2002 UNIFORM BUSINESS REPORT (UBR)**

## FILED Jul 23, 2002 8:00 am Secretary of State DOCUMENT # P99000058299 1. Entity Name 07-23-2002 90323 026 \*\*\*150.00 CUSTOMER SERVICE SOLUTIONS, INC. Principal Place of Business Mailing Address 354 HIATT DR 354 HIATT DR PALM BEACH GARDENS FL 33418 PALM BEACH GARDENS FL 33418 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Citỳ & State City & State 4. FEI Number Applied For 65-0935538 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **ELLISON, STEVE ESQ** Street Address (P.O. Box Number is Not Acceptable) 1 CLEMATIS STREET WEST PALM BEACH FL 33401 City Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Addition D ☐ Delete TITLE NAME NAME SAYRE, ROBERT STREET ADDRESS STREET ADDRESS 46 SOMMGRSET TER CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS FL 33418 ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE \_ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADORESS

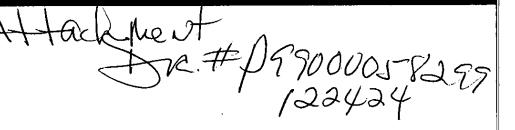
CITY-ST-ZIP

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Change

■ Addition

## Stainsafe<sup>®</sup>



July 19, 2002

Division of Corporations Uniform Business Report Filings P. O. Box 1500 Tallahassee, FL 32302-1500

**UBR** Department:

Enclosed please find our 2002 UBR and filing fee of \$150.00 for Customer Service Solutions, Inc. We did not receive this report until May 23, 2002 and request, therefore, that the \$400.00 delinquent filing fee be waived.

I thank you for your consideration. If you have any questions or need to discuss this matter, please contact me at (561) 622-4260 x175.

Sincerely,

Barbara A. Dittmer

Controller