

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000059074

1. Entity Name

C SYSTEMS INTERNATIONAL, INC.

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90012 009 ***150.00

Principal Place of Business

Mailing Address

2020 EDGEWOOD DRIVE APT 57
LAKELAND FL 33803

2020 EDGEWOOD DRIVE APT 57
LAKELAND FL 33803-3646



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3030 Airfield Court W. # 5335

3. Mailing Address

P.O. Box 5335

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite #1

City & State

Lakeland FL

City & State

Lakeland FL

4. FEI Number

57558 2639

Applied For

Not Applicable

Zip

Country

33811

Polk WA

Zip

33807

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAYER, PETER R

4921 SOUTHFORK DRIVE STE 3
LAKELAND FL 33813-2078

Name

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

City

FL

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

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
D
BURDIN, JOHN W III
2020 EDGEWOOD DRIVE APT 57
LAKELAND FL 33803 ☐ Delete

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

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☐ Change ☐ 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 all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)