

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000062270

1. Entity Name

CORPORATE SERVICES PROVIDERS INC.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90044 031 ***150.00

Principal Place of Business

207 JASMINE LANE
 LONGWOOD FL 32779

Mailing Address

207 JASMINE LANE
 LONGWOOD FL 32779-4908

2. Principal Place of Business

2101 WEST S.R. 434
 Suite, Apt. #, etc.
 STE 221

3. Mailing Address

2101 WEST S.R. 434
 Suite, Apt. #, etc.
 STE 221



DO NOT WRITE IN THIS SPACE

City & State
 LONGWOOD, FL

Zip
 32779

Country USA

City & State
 LONGWOOD, FL

Zip
 32779

Country USA

4. FEI Number

59-3588827

Applied For

Not Applicable

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

MEADOWS, ROY
 207 JASMINE LANE
 LONGWOOD FL 32779

Name

ROY MEADOWS

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

2101 WEST S.R. 434, STE 221

City

LONGWOOD

FL

Zip Code

32779

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

Roy Meadows ROY MEADOWS

5-1-00

DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☒ Addition
 PRESIDENT
 ROY MEADOWS
 2101 WEST S.R. 434, STE 221
 LONGWOOD, FL 32779

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

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

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

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ 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:

Roy Meadows ROY MEADOWS 5-1-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)