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

P99000069126

1. Entity Name



FILED Mar 20, 2003 8:00 am Secretary of State

		CES, INC.		JE .		i			
Principal Pla 875 ABSHER ST. CLOUD		875 ABS	Address SHER LANE OUD FL 34771			- - - 1			
2. Principal	Place of Business	3. Mailin	g Address						
Suite, Apt. #, etc.		Suite,	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & Sta	ate	City &	State		-	4. FEI Number 59-3591205			Applied For
Zip	Country	Zìp		Country		5. Certificate of Status Desired		8.75 A ee Requi	dditional
	6. Name and Address of Curre	nt Registered	Agent			7. Name and Address of New R	egistered A	gent	
RINEHAR	T, JEFFREY D				ame				
875 ABSHER LANE				St	reet Address (I	P.O. Box Number is Not Acceptable)		
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31. GLUC	JD FL 34771			Cit	ty			Zip Co	nde
8. The above	e named entity submits this statement	for the purpose	e of changing its		•	ed agent, or both, in the State of Flo	FL rida. I am fa	1 '	
trie Osliga	ations of registered agent.								
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicat	ble. (NOTE	E: Registered Agen	t signature required	when reinstating)	DATE		
	FILE NOW!!! FEE IS \$150.00			***					
	r May 1, 2003 Fee will be \$550.0	_				9. Election Campaign Fina	ancino	\$ 5	00 May Be
Make Chec	k Payable to Florida Department	•							
	k ravable to riorida Debartment	of State				Trust Fund Contribution		Adde	ed to Fees
10.		. 1			, <u>, , , , , , , , , , , , , , , , , , </u>	Trust Fund Contribution	n. 🗀	Adde	ed to Fees
	OFFICERS AN	of State D DIRECTORS		11.			n. 🗀	Adde	ed to Fees
TITLE	OFFICERS AN	. 1	☐ Delete	11.		Trust Fund Contribution	CERS AND	Adde	RS IN 11
NAME	PSD RINEHART, JEFFREY D	. 1		-1-		Trust Fund Contribution	CERS AND	Adde	RS IN 11
NAME STREET ADDRESS	PSD RINEHART, JEFFREY D 875 ABSHER LANE	. 1		TITLE NAME STREET ADD	1	Trust Fund Contribution	CERS AND	Adde	RS IN 11
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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:

REQUIPED