## **2000 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachn

SIGNATURE:

## FILED DOCUMENT # P99000077898 Jul 19, 2000 8:00 am 1. Entity Name Secretary of State CSPD ENTERPRISES, INC. 07-19-2000 90015 013 \*\*\*150.00 Principal Place of Business Mailing Address 1116 BELCHER ROAD 1116 BELCHER ROAD **DUNEDIN FL 34698 DUNEDIN FL 34698** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3594131 Not Applicable Zip, Country~ \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GAUSE, ROY C III Street Address (P.O. Box Number is Not Acceptable) 1116 BELCHER ROAD **DUNEDIN FL 34698** 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) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 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 D TITLE ☐ Addition TITLE ☐ Delete NAME GAUSE, ROY C III NAME STREET ADDRESS 1393 WELLINGTON STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TARPON SPRINGS FL 34689 Change ☐ Addition TITLE ☐ Delete TITLE NAME RRAVELING, PAUL A NAME 1116 Betcher Road STREET ADDRESS 1116 BELCHER ROAD STREET ADDRESS .CITY-ST-7IP.= CITY-ST-ZIP\_ DUNEDIN FL 34698 Duneding FL 34698 ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition 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-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TIT) F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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



BU10 3388

J.T. Loos & Associates, P.A.

Business Development Consultants/Certified Public Accountants

July 6, 2000 8:26 AM

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

RE:

CSPD Enterprises, Inc.

TIN:

59-3594131

FORM:

UBR ---

## Good Morning!

Our client has forwarded us the second notice to file their Uniform Business Report that they just received. They never received the first notice so they missed the May 1st filing deadline. Since this is a new corporation, formed in 1999, and they were not aware of their filing responsibilities we respectfully request that you waive the \$400 filing penalty and accept the enclosed \$150 payment as payment in full.

Thank you for your assistance in resolving this matter.

If you need additional information, please call Monday – Friday, 9:00 a.m. to 5:00 p.m.

Sincerely,

"hriding M. Caracliers Christine M. Cornelius, CPA

Enclosures

cc: CSPD Enterprises, Inc. (w/o enclosures)