2000 UNIFORM BUSINESS. REPORT (UBR)

changed, or on an attachment with an address, with all other like empor

SIGNATURE:

Jun 12, 2000 8:00 am Secretary of State DOCUMENT # **P99000082490** 1. Entity Name COSTANTINI SERVICES GROUP, INC. 06-12-2000 90037 039 ***150.00 Principal Place of Business Mailing Address 1203 QUINTUPLET COURT 1203 QUINTUPLET COURT CASSELBERRY FL 32707 CASSELBERRY FL 32707-3509 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent COSTANTINI, SUSAN A Street Address (P.O. Box Number is Not Acceptable) 1203 QUINTUPLET COURT CASSELBERRY FL 32707 City Zip Code FL 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 prayed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remetating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, 12 Addition President TULE ☐ Change TITLE Delete COSTANTINI, SUSAN A NAME NAME **CR2E034** STREET ADDRESS STREET ADDRESS 1203 QUITUPLET COURT CITY-ST-ZIP CITY-ST-ZIP CASSELBERRY FL 32707 Change ☐ Addition TITLE Delete LOPEZ, JOSE NAME NAME STREET ADDRESS 605 ALHAMBRA AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714 Kathleen A. Hauanio TITLE ☐ Addition TITLE Defete AMELL, KATHLEEN NAME 1911Kalianole, Apr 504 STREET ADDRESS STREET ADDRESS 1911 KALANIANOLE, APT. 504 1110-11#-96720 CITY-STEZIE CITY-ST-ZIP HILO HI 96720 Addition Delete Change 7)71.E TITLE NAME CARDONE, LORI ANN STREET ADDRESS STREET ADDRESS 748 GUDAHL CITY-ST-ZIP CITY-ST-ZIP TITUSVILLE FL 32780. 超频 医脐膜 复杂 Addition Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P 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 eath; 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

FILED