

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM**
Secretary of State**DOCUMENT # P99000086248**1. Entity Name
CSB INTERNATIONAL MARKETING INC.

Principal Place of Business 800 OFFICE PLAZA BLVD, UNIT 401D KISSIMMEE FL 34744	Mailing Address 800 OFFICE PLAZA BLVD, UNIT 401D KISSIMMEE FL 34744
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number
59-3600975
Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentBARCLAY CLIVE
3020 PINECONE DR., APT. 202

KISSIMMEE FL 34741 US**7. Name and Address of New Registered Agent**Name
BARCLAY CLIVE
Street Address (P.O. Box Number is Not Acceptable)
3020 PINECONE DR., APT. 202

City
KISSIMMEE FL Zip Code
34741

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 _____ **04/30/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	DVP	<input type="checkbox"/> Delete
NAME	BISHOP-BARCLAY SUSAN	
STREET ADDRESS	3020 PINECONE DR., APT. 202	
CITY-ST-ZIP	KISSIMMEE FL 34741	
TITLE	PST	<input type="checkbox"/> Delete
NAME	BARCLAY CLIVE	
STREET ADDRESS	3020 PINECONE DR., APT. 202	
CITY-ST-ZIP	KISSIMMEE FL 34741	
TITLE	CHRM	<input type="checkbox"/> Delete
NAME	BARCLAY CLIVE	
STREET ADDRESS	3020 PINECONE DR., APT. 202	
CITY-ST-ZIP	KISSIMMEE FL 34741	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BISHOP-BARCLAY SUSAN	
STREET ADDRESS	3020 PINECONE DR., APT. 202	
CITY-ST-ZIP	KISSIMMEE FL 34741	
TITLE	PST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARCLAY CLIVE	
STREET ADDRESS	3020 PINECONE DR., APT. 202	
CITY-ST-ZIP	KISSIMMEE FL 34741	
TITLE	CHRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARCLAY CLIVE	
STREET ADDRESS	3020 PINECONE DR., APT. 202	
CITY-ST-ZIP	KISSIMMEE FL 34741	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Clive Barclay

PST

04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)