2002 UNIFORM BUSINESS REPORT (UBR)

Feb 21, 2002 8:00 am Secretary of State S12161 DOCUMENT # 1. Entity Name C & S MOBILE, INC. 02-21-2002 90082 042 ***150.00 Mailing Address Principal Place of Business 1800 MCCCALL ROAD S. 1800 MCCCALL ROAD S. **ENGLEWOOD FL 34223 ENGLEWOOD FL 34223** 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 4. FEI Number 59-3035438 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BADER, ROBERT M PA Street Address (P.O. Box Number is Not Acceptable) 22232 WESTCHESTER BLVD PORT CHARLOTTE FL 33949 Zip Code City 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 printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11 OFFICERS AND DIRECTORS CR2E034 (9/01) ☐ Addition TITLE Change TITLE ☐ Delete NAME HARTWIG, CAROL NAME STREET ADDRESS STREET ADDRESS 24582 NOVA LANE CITY-ST-ZIP CITY-ST-ZIP PORT CHARLOTTE FL ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME HARTWIG, DANIEL STREET ADDRESS 22852 NOVA LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PORT CHARLOTTE FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition THILE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IF ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 13. I hereby certify that the information supplied with this filing does not dualify for the Signature shall have the same legal effect as if made under oath; that I am an officer or director required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if indicated on this report or suppliemental report is true and accurate and that of the corporation or the rece changed, or on an attachmen

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