

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S36959**

1. Entity Name
COURT MEDIATION SERVICES, INC.

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90018 014 ***150.00

910638



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**226 WEST ALFRED ST.
TAVARES FL 32778**

Mailing Address

**220 W ALFRED ST
TAVARES FL 32778**

2. Principal Place of Business

9825 WEDGEWOOD LANE

3. Mailing Address

P. O. BOX 895069

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
LEESBURG, FL 34788

City & State
LEESBURG, FL 34789

4. FEI Number **59-3053945**

Applied For

Not Applicable

Zip
34788

Country
LAKE

Zip
34789

Country
LAKE

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DANIEL, C. WELBORN
226 WEST ALFRED ST.
TAVARES FL 32778**

Name

Street Address (P.O. Box Number is Not Acceptable)
9825 WEDGEWOOD LANE

City
LEESBURG

FL

Zip Code
34788

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)

DATE

9. 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 State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
DANIEL, C. WELBORN
226 W. ALFRED STREET
TAVARES FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**9825 WEDGEWOOD LANE
LEESBURG, FL 34788** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/26/01 352 326 - 3311

CR2E034 (10/00)