

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S62317

1. Entity Name

CONSERVATION BILLING SERVICES, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90251 043 ***150.00

Principal Place of Business

Mailing Address

5452 W CRENSHAW
SUITE 4
TAMPA FL 33634
US

5452 W CRENSHAW
SUITE 4
TAMPA FL 33634-3007
US

00005258



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

5452 W CRENSHAW

5452 W CRENSHAW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

TAMPA, FL

4. FEI Number

65-0269711

Applied For

Not Applicable

Zip

33634

Country

US

Zip

33634

Country

US

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

BARTLETT, CHARLES J ESQ.
2033 MAIN STREET
SUITE 600
SARASOTA FL 34237

Name

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

City

FL

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

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, 2000 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 D ☐ Delete
NAME MANNO, FRANK R.
STREET ADDRESS 2900 JEFF MYERS CIRCLE
CITY-ST-ZIP SARASOTA FL 34240

TITLE DIRECTOR AND PRESIDENT ☒ Change ☐ Addition
NAME MANNO, FRANK R.
STREET ADDRESS 2900 JEFF MYERS CIRCLE
CITY-ST-ZIP SARASOTA, FL 34240

TITLE D ☐ Delete
NAME MANNO, LOIS LAVERNE
STREET ADDRESS 2900 JEFF MYERS CIRCLE
CITY-ST-ZIP SARASOTA FL 34240

TITLE D/VP ☒ Change ☐ Addition
NAME MANNO, LOIS LAVERNE
STREET ADDRESS 2900 JEFF MYERS CIRCLE
CITY-ST-ZIP SARASOTA, FL 34240

TITLE VP ☐ Delete
NAME PETERSON, VICTORIA
STREET ADDRESS 3403 PALMIRA
CITY-ST-ZIP TAMPA FL 33609

TITLE D/VP ☒ Change ☐ Addition
NAME PETERSON, VICTORIA
STREET ADDRESS 3403 PALMIRA
CITY-ST-ZIP TAMPA, FL 33609

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME CARTER POTASH
STREET ADDRESS PALM BEACH BILTMORE, 150 BRADLEY PL #713
CITY-ST-ZIP PALM BEACH, FL 33480

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME STEVEN POTASH
STREET ADDRESS 12 FERN HOLLOW RD
CITY-ST-ZIP BOONTON, NJ 07005

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANK R. MANNO

Date

1-10-00

Daytime Phone #

813-889-2694

CP2E034 (9/99)