

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90171 045 ***150.00

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DOCUMENT # V00227

1. Entity Name
CPI CORPORATION



Principal Place of Business
**540 N. HWY 434
SUITE 119
ALTAMONTE SPRINGS FL 32714-2166
US**

Mailing Address
**P.O. BOX 536327
ORLANDO FL 32853
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3194734**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**PAYNE, LILLIAN
9929 LAKE GEORGIA DR
ORLANDO FL 32817**

Name

Street Address (P.O. Box Number is Not Acceptable)
3825 Mariners Walk #622

Cortez,

City

Cortez

FL

Zip Code
34215

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Lillian Payne Lillian Payne

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/10/03

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **PAYNE, CLEVELAND A**
CITY-ST-ZIP **9929 LAKE GEORGIA DR.
ORLANDO FL 32817**

TITLE ☒ Change ☒ Addition
NAME **D/P/V/S/T**
STREET ADDRESS **3825 Mariners Walk #622**
CITY-ST-ZIP **Cortez, FL 34215**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLEVELAND A. PAYNE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/03 407-448-0229

Date

Daytime Phone #

CR2034 (10/02)