

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90141 018 ***150.00

DOCUMENT # P94000091813

1. Entity Name
COMMERCIAL FINANCIAL SERVICES CORPORATION



Principal Place of Business
**695 TARPON BAY ROAD, SUITE 7
SANIBEL FL 33957**

Mailing Address
**P. O. BOX 716
SANIBEL FL 33957
US**

2. Principal Place of Business
2430 PERIWINKLE WAY

3. Mailing Address
Suite, Apt. #, etc.
SUITE B


City & State
SANIBEL ISLAND FL

City & State
City & State

Zip
33957 Country

Zip Country

11016673



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0553752** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**ARMENIA, LUCY
695 TARPON BAY ROAD, SUITE 7
SANIBEL FL 33957**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
2430 PERIWINKLE WAY

SUITE B

City **SANIBEL ISLAND** **FL** Zip Code **33957**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

TITLE STD	<input checked="" type="checkbox"/> Delete
NAME ARMENIA, LUCY	
STREET ADDRESS 695 TARPON BAY ROAD, SUITE 7	
CITY-ST-ZIP SANIBEL FL 33957	
TITLE PD	<input checked="" type="checkbox"/> Delete
NAME GIOVANNETTI, PAUL	
STREET ADDRESS 695 TARPON BAY ROAD, SUITE 7	
CITY-ST-ZIP SANIBEL FL 33957	
TITLE VD	<input checked="" type="checkbox"/> Delete
NAME ARMENIA, JOHN	
STREET ADDRESS 695 TARPON BAY ROAD, SUITE 7	
CITY-ST-ZIP SANIBEL FL 33957	
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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ARMENIA, LUCY	
STREET ADDRESS 2430 PERIWINKLE WAY, SUITE B	
CITY-ST-ZIP SANIBEL ISLAND FL 33957	
TITLE PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME GIOVANNETTI, PAUL	
STREET ADDRESS 2430 PERIWINKLE WAY, SUITE B	
CITY-ST-ZIP SANIBEL ISLAND FL 33957	
TITLE VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ARMENIA, JOHN	
STREET ADDRESS 2430 PERIWINKLE WAY, SUITE B	
CITY-ST-ZIP SANIBEL ISLAND FL 33957	
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	

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: *John Armenia* **SIGNATURE REQUIRED JOHN ARMENIA, V. Pres. 4/24/2003 239-395-9300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)