

2000 UNIFORM BUSINESS REPORT (UBR)

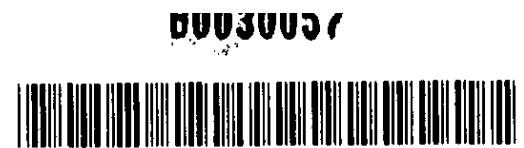
FILED
Mar 02, 2000 8:00 am
Secretary of State
 03-02-2000 90093 044 ***150.00

DOCUMENT # 423459

1. Entity Name
COMMERCIAL ELECTRONIC SYSTEMS, INC.

Principal Place of Business Mailing Address
3336 TYRONE BLVD 3336 TYRONE BLVD
ST PETERSBURG FL 33710 ST PETERSBURG FL 33710-2340

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1449298** Applied For Not Applicable
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
 6. Name and Address of Current Registered Agent
EWIN, WILLIAM E SR
2849 62ND ST N
ST PETERSBURG FL 33710
 7. Name and Address of New Registered Agent
 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 _____ (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. ☐ **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	<input type="checkbox"/> Delete	TITLE	BOB	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EWIN, WILLIAM E		NAME	Wm E Ewin	
STREET ADDRESS	2849 62ND ST NO		STREET ADDRESS	2849 - 62ND ST N	
CITY-ST-ZIP	ST PETERSBURG FL		CITY-ST-ZIP	ST. PETE. FL 33710	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EWIN, WILLIAM E III		NAME		
STREET ADDRESS	1846 COUNTRY CLUB RD		STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	Treasurer & Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EWIN, MARIE-A		NAME	2849-62nd St. No.	
STREET ADDRESS	2849 62ND ST N		STREET ADDRESS	ST Pete, Fla 33710	
CITY-ST-ZIP	ST PETERSBURG FL		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EWIN, TERENCE		NAME	3336 TYRONE BLVD	
STREET ADDRESS	3336 TYRONE BLVD		STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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]* **2/24/00** **1727-347-9209**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)