

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 20, 2002 8:00 am**  
**Secretary of State**

05-20-2002 90124 021 \*\*\*150.00

**DOCUMENT # 423459**

1. Entity Name  
**COMMERCIAL ELECTRONIC SYSTEMS, INC.**

Principal Place of Business

**3336 TYRONE BLVD  
 ST PETERSBURG FL 33710**

Mailing Address

**3336 TYRONE BLVD  
 ST PETERSBURG FL 33710**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

**EWIN, WILLIAM E SR  
 2849 62ND ST N  
 ST PETERSBURG FL 33710**

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, 2002 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	DC	<input type="checkbox"/> Delete
NAME	EWIN, WILLIAM E	
STREET ADDRESS	2849 62ND ST NO	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	EWIN, MARIE A	
STREET ADDRESS	2849 62ND ST N	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	EWIN, TERRENCE	
STREET ADDRESS	3336 TYRONE BLVD	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Delete
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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
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Terrence Ewin*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/29/02* *727-347-9209*  
 Date Daytime Phone #

CR2E034 (9/01)