

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

F42335

1. Entity Name

Communication Specialists, Inc.

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90045 032 ***150.00

00048613

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

150 Ave B SE

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Winter Haven, Fl.

City & State

4. FEI Number

2131008
59-2452603

Applied For

Not Applicable

Zip

33880

Country

USA

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

Name

Sharon Comkowycz

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

150 Ave B SE

City

Winter Haven, FL

FL

Zip Code

33880

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

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

NAME	PSTD Sharon Comkowycz	<input type="checkbox"/> Delete
ST-ZIP	150 Ave B SE Winter Haven, FL. 33880	
NAME	VP Paul Comkowycz	<input type="checkbox"/> Delete
ST-ZIP	150 Ave B SE Winter Haven, FL. 33880	
NAME		<input type="checkbox"/> Delete
ST-ZIP		
NAME		<input type="checkbox"/> Delete
ST-ZIP		
NAME		<input type="checkbox"/> Delete
ST-ZIP		
NAME		<input type="checkbox"/> Delete
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		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Sharon Comchowycz President

3-21-00

863-294-1429

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)