2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

F42335 DOCUMENT

1. Entity Name

COMMUNICATION SPECIALISTS, INC.

FILED Mar 17, 2003 8:00 am § Secretary of State

03-17-2003 90070 008 ***150.00

Principal Place of Business 150 AVENUE 8 SE WINTER HAVEN FL 33880 US		Mailing Address 150 AVENUE B SE WINTER HAVEN FL 33880 US				
Principal Place of Business 3. Mailing Address		*				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 59-2131008 Applied For		
Zip	Country	Zip	Country	5. Certificate of Status Desired	Not Applicable 8.75 Additional se Required	
	6. Name and Address of Currer	nt Registered Agent		7. Name and Address of New Registered Ag		
COMMONNOT CHAROLI			Name			
COMKOWYCZ, SHARON 150 AVE B SE			Street Addres	Street Address (P.O. Box Number is Not Acceptable)		
WINTER HAVEN FL 33880						
	•		City	FL	Zip Code	
8. The above	e named entity submits this statement	for the purpose of changing its	registered office or regis	tered agent, or both, in the State of Florida. I am fan	niliar with, and accept	
the obliga	tions of registered agent.				,	
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOT	E: Registered Agent signature requi	ired when reinstating) DATE		
*5 F	ILE NOW!!! FEE IS \$150.00	-		, Enter		
Afte	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department	of State		9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS ANI	D DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND D	IRECTORS IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	P COMKOWYCZ, SHARON 150 AVE B SE WINTER HAVEN FL 33880	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
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TITLE NAME STREET ADDRESS	·	☐ Delete	TITLE NAME STREET ADDRESS	,	Change Addition	

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 Accurate 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 attachmer

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

863-294-1429