

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G88125

COMMERCIAL DATA SERVICES CORP.

Principal Place of Business

Mailing Address

6200 PORTER ROAD SARASOTA FL 34240 6200 PORTER ROAD SARASOTA FL 34240

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90141 025 ***150.00



SANAGOTA PE 34240		CANACOTA FE STETO		DO NOT WRIT	DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualifed			
				03/01/1984			
	ace of Business	2a. Mailing Address	'u T	4. FEI Number		Applied For	
21 1351	Quail Run Irail	26 5436 Fruity	ulle Koac	59-2416061		Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc. 27 201 Suite		5. Certifcate of Status Desired	11	5 Additional Required	
City & State		City & State		6. Election Campaign Financing	\$5.0	00 May Be	
23 Sara	sota, FL	28 Sarasota	FL	Trust Fund Contribution	Add	ed to Fees	l
Zip	Country	Zip	Country	8. This corporation owes the curr		63. .	
24 3423		29 34232 30	USA	Personal Property Tax.	Tes	□No	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent							
LAMBIC	NED BODEDT I		81 Name	Robert J. Winsler	Jr.		
	SLER, ROBERT J.		82 Street	Address (P.O. Box Number is Not Accepta	ible)		
	PORTER RD		135	1 Quail Kun Irail			
SAR	ASOTA FL 34240		83				
	ļ		84 City	1	85	ip Code	
			115	arasota		54232	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered							
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE 4-30-99							
SIGNATORE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	egistered Agent signature re		DATE		a
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OF			(11/98)
TITLE !	0	DELETE.	1.1 TITLE	DS	Char	nge 🔀 Addition	_
NAME	WINSLER, ROBERT J.		1.2 NAME	Winsler, Yeaqu S.			FO34
STREET ADDRESS	6200 PORTER RD		1.3 STREET ADDRESS	Winsler, Peggy S. 1351 Quail Run Trail Sarasota, FL 34232			μ
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-\$T-ZIP	Sarasota, FL 34232			Ò
TITLE	DP	☐ DELETE	2.1 TITLE		Char	nge 🔲 Addition	' '
NAME	Winsler, Robert J. Jr.		2.2 NAME			ļ	
STREET ADDRESS	1351 QUAIL RUN TRAIL		2.3 STREET ADDRESS				
CITY-ST-ZIP	SARASOTA FL		2.4 CITY-ST-ZIP				
TITLE	D .	◯ DELETE	3.1 TITLE		Char	ige	
NAME	WINSLER, JEFFREY A.		3.2 NAME				İ
STREET ADDRESS	7535 CASTLE DRIVE		3.3 STREET ADDRESS			·	
CITY-ST-ZIP	SARASOTA FL		3.4. CITY-ST-ZIP				
TITLE '	D	DELETE	4.1 TITLE		Char	nge 🗌 Addition	
NAME	WINSLER, ROBERTA A		4. 2 NAME				}
STREET ADDRESS	6200 PORTER RD		4.3 STREET ADDRESS				
CITY-ST-ZIP	SARASOTA FL		4.4 CITY-ST-ZIP				
TITLE	1	☐ DELETE	5.1 TITLE		Char	nge Addition	1
NAME	;		5.2 NAME			ļ	
STREET ADDRESS	i		5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE		Char	nge Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
SINCE I NUUNESS							!

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE:

NATURE AND TYPED OF PRINT OF MAME OF SIGNING OFFICER OR DIRECTO

er, Vr.

4-30-99 941-3

Daytime Phone #

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