

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90144 007 ***150.00

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DOCUMENT # **H92227**

1. Entity Name

COMMERCIAL DEVELOPMENT SERVICES, INC.



Principal Place of Business
**7015 PROFESSIONAL PKWY E.
SARASOTA FL 34240**

Mailing Address
**7015 PROFESSIONAL PKWY E.
SARASOTA FL 34240**

2. Principal Place of Business

3. Mailing Address

46 N. WASHINGTON BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.
#1

City & State

City & State

SARASOTA, FLORIDA

Zip

Country

Zip

34236

Country

4. FEI Number

59-2636477

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**COX, JOHN J.
7015 PROFESSIONAL PKWY E.
SARASOTA FL 34240**

7. Name and Address of New Registered Agent

Name

JOHN PATTERSON

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

46 N. WASHINGTON BLVD.

#1

City

SARASOTA, FLORIDA

FL

Zip Code

34236

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/22/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PDS**
STREET ADDRESS **COX, JOHN**
CITY-ST-ZIP **7015 PROFESSIONAL PKWY E
SARASOTA FL 34240**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **VPD**
STREET ADDRESS **COX, JOHN J III**
CITY-ST-ZIP **7015 PROFESSIONAL PKWY E.
SARASOTA FL 34240**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 execute 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 attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

3-22-03

(941)

907-9099

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)