

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L36537

FILED  
Jan 11, 2002 8:00 AM  
Secretary of State

**Entity Name:** COMMERCIAL BEVERAGE SYSTEMS, INC.

**Current Principal Place of Business:**

215 PINEDE STREET  
185  
LONGWOOD, FL 32750 US

**New Principal Place of Business:**

**Current Mailing Address:**

215 PINEDA ST.  
SUITE 185  
LONGWOOD, FL 32750 US

**New Mailing Address:**

**FEI Number:** 59-2981480

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PARISI, TOM  
128 RIVER OAKS CIRCLE  
SUITE #185  
SANFORD, FL 32771 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: PARISI, TOM  
Address: 128 RIVER OAKS CIRCLE  
City-St-Zip: SANFORD, FL 32771 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS PARISI

D

01/11/2002

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date