


FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 91009 004 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000030130			
1. Entity Name COMMERCIAL BUSINESS SERVICES, INC.			
Principal Place of Business P.O. BOX 50026 LIGHTHOUSE POINT, FL 33074		Mailing Address P.O. BOX 50026 LIGHTHOUSE POINT, FL 33074	
2. Principal Place of Business 4113 Mission Bell Drive		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Boynton Beach FL		City & State	
Zip 33436		Country	
4. FEI Number 65-1001271		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCGRATH, CLINTON 1800 N.E. 4TH STREET POMPAHO BEACH, FL 33060		7. Name and Address of New Registered Agent Name CLINTON MCGRATH Street Address (P.O. Box Number is Not Acceptable) 4113 Mission Bell Drive City Boynton Beach FL Zip Code 33436	
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 Clinton McGrath (NOTE: Registered Agent's signature required when reinstating) DATE 4/25/03			
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGRATH, CLINTON P.O. BOX 50026 LIGHTHOUSE POINT, FL 33074 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLINTON MCGRATH 123 NORTH Congress #130 Boynton Beach, FL 33426 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Clinton McGrath		DATE 4/25/03 Daytime Phone # 561-369-2078	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034 (10/02)