

**FOR PROFIT CORPORATION<sup>2</sup>**  
**UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 16, 2002 8:00 am**  
**Secretary of State**

07-16-2002 90347 006 \*\*\*150.00

DOCUMENT #

1. Entity Name

*C.M.S./COMMERCIAL MAINTENANCE SERVICES, INC.*

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*3345 NE 18 TERRACE*

3. Mailing Address

Suite, Apt. #, etc.

*SAHE*

DO NOT WRITE IN THIS SPACE

City & State

*FT. LAUDERDALE, FL*

City & State

4. FEI Number

*65-143107*

Applied For

Not Applicable

Zip

*33306*

Country

*USA*

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

*STEPHEN THERIAULT*

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

*3345 NE 18 TERRACE*

City

*FT. LAUDERDALE*

FL

Zip Code

*33306*

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so. ☐  
(See criteria on back)

**January 1 - May 1 Fee is \$150.00.**

**After May 1, Fee is \$550.00.**

**Amended UBR is \$61.25**

**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*DIRECTOR  
STEPHEN THERIAULT  
3345 NE 18 TERRACE  
FT. LAUDERDALE, FL 33306*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

13. 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 11 or on an attachment with an address, and all other like empowerment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*3 July 2002 954-564-3678*

CR2E034B (12/01)

*Attachment*  
*# 701000096897*  
*119645*

**C.M.S./Commercial Maintenance Services, Inc.**

3345 NE 18th Terrace,  
Fort Lauderdale, FL 33306

June 12, 2002

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Dear Sirs,

**REINSTATEMENT OF CORPORATION**

I am writing to ask for reinstatement of the above corporation as it has come to my attention that the annual fee due for the Corporation has not been paid .

The Corporate Address is my home address and I have never received any documents concerning the Corporation from the State as I would have filled out and completed it .

I am very anxious to keep my Corporation active .

I was not aware as this is the first year of business that the filing fee was due before May 2002 as I thought the fee would be due in October 2002 one year after first filing.

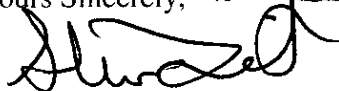
Please can you send me a business report for me to file or other wise grant permission this one time to File the \$150 even though it is now late .

I would appreciate your assistance in this matter.

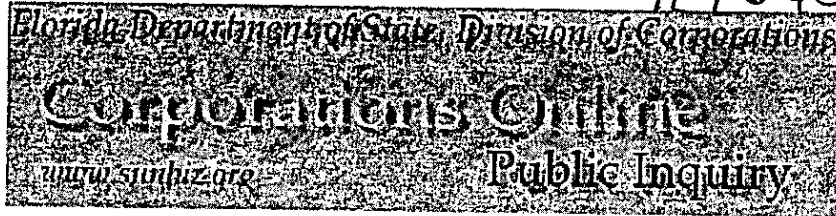
**AMENDMENT OF INFORMATION,**

Please can you amend the public inquiry to show the directors , the directors were filed originally with the State . I enclose a copy of all documents for your attention

Yours Sincerely,



Stephen Theriault  
President



## Florida Profit

## C.M.S./COMMERCIAL MAINTENANCE SERVICES, INC.

## PRINCIPAL ADDRESS

3345 NE 18 TERR  
FT LAUDERDALE FL 33306

## MAILING ADDRESS

3345 NE 18 TERR  
FT LAUDERDALE FL 33306

Document Number  
P01000096897

FEI Number  
NONE

Date Filed  
10/04/2001

State  
FL

Status  
ACTIVE

Effective Date  
NONE

## Registered Agent

Name & Address
THERIAULT, STEVEN 3345 NE 18 TERR FT LAUDERDALE FL 33306

## Officer/Director Detail

Name & Address	Title
NONE	

## Annual Reports

Report Year	Filed Date	Intangible Tax