

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90063 008 \*\*\*150.00

**DOCUMENT # P01000110008**

1. Entity Name  
**COMMSYSTEMS, INC.**

**80092593**



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
**1971 WEST LUMSDEN ROAD** **1971 WEST LUMSDEN ROAD**  
**UNIT 141** **UNIT 141**  
**BRANDON FL 33511** **BRANDON FL 33511**

2. Principal Place of Business 3. Mailing Address  
**501 S. FAULKENBURG RD** **501 S. FAULKENBURG RD**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
**D-15** **D-15**

City & State City & State  
**TAMPA, FL** **TAMPA, FL**  
Zip Country Zip Country  
**33619 Hillsborough** **33619 Hillsborough**

4. FEI Number Applied For  
**59-3756426** Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**SPIEGEL & UTRERA, P.A.**  
**1840 SW 22ND ST.**  
**4TH FLOOR**  
**MIAMI FL 33145**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 \_\_\_\_\_ (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)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**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	PD	<input type="checkbox"/> Delete
NAME	MARTINEZ, GILBERT	
STREET ADDRESS	1971 WEST LUMSDEN ROAD UNIT 141	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE	VST	<input type="checkbox"/> Delete
NAME	TERRELL, MICHAEL R	
STREET ADDRESS	1971 WEST LUMSDEN ROAD UNIT 141	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ, GILBERT	
STREET ADDRESS	501 S. FAULKENBURG RD suite D-15	
CITY-ST-ZIP	Tampa, FL 33619	
TITLE	VST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Terrell, Michael R	
STREET ADDRESS	501 S. FAULKENBURG RD suite D-15	
CITY-ST-ZIP	Tampa, FL 33619	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 12 if changed; or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Gilbert Martinez*  
**Gilbert Martinez**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-22-02**  
Date

**813-571-3759**  
Daytime Phone #

CR2E034 (9/01)