

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Sep 15, 2002 8:00 am
Secretary of State

09-15-2002 90084 032 ***550.00

0079406 AV

DOCUMENT # P01000111529

1. Entity Name

CUSTOMER COMMUNICATIONS SOLUTIONS, INC.

Principal Place of Business

**2677 SOUTH OCEAN BLVD.
SUITE 3A
BOCA RATON FL 33432**

Mailing Address

**2677 SOUTH OCEAN BLVD.
SUITE 3A
BOCA RATON FL 33432****B0138063**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

same

3. Mailing Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

31-181-0313

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****SIMMONS, ELEANOR****2677 SOUTH OCEAN BLVD.****3A****BOCA RATON, FL 33432****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. 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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 **PRESIDENT** ☐ Delete
NAME **RICHARD SIMMONS**
STREET ADDRESS **2677 SO OCEAN BLVD**
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE **EXEC VP.** ☐ Delete
NAME **ELEANOR SIMMONS**
STREET ADDRESS **2677 SO. OCEAN BLVD**
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ 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: SIGNATURE REQUIRED**8-31-02 561-750-6967**

CR2E034 (4/02)