

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

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	
2. Principal Place of Business 130 FOURTH AV NO SUITE, Apt. #, etc. 702	3. Mailing Address 130 FOURTH AV NO SUITE, Apt. #, etc. 702
City & State ST PETERSBURG	City & State ST PETERSBURG
Zip 33701	Country PINELLAS
4. FEI Number 31-1810313	
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) 130 FOURTH AV NO #702 City ST PETERSBURG FL Zip Code 33701	
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, the registered agent. SIGNATURE: <i>Eleanor Simmons</i> DATE: 4/29/03 Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent's signature required when terminating.)	
9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	TITLE NAME STREET ADDRESS CITY-ST-ZIP
P SIMMONS, RICHARD 2677 SO OCEAN BLVD BOCA RATON, FL 33432	☒ Change ☐ Addition 130 4TH AVE NO #702 ST. PETERSBURG 33701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
EVP SIMMONS, ELEANOR 2677 SO OCEAN BLVD BOCA RATON, FL 33432	☒ Change ☐ Addition 130 4TH AVE. NO #702 ST PETERSBURG 33701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
	☐ Change ☐ Addition
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	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
	☐ Change ☐ Addition
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: <i>Eleanor Simmons</i> DATE: 4-29-03 Signature and typed or printed name of signing officer or director	

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CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)