

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P35695

1. Entity Name

COMMERCIAL INSURANCE SERVICES, INC. ✓

FILED
Jul 20, 2000 8:00 am
Secretary of State

07-20-2000 90025 042 ***550.00

Principal Place of Business

POST OFFICE DRAWER 26227
OKLAHOMA CITY OK 73126-0227

Mailing Address

POST OFFICE DRAWER 26227
OKLAHOMA CITY OK 73126-0227

2. Principal Place of Business

909 S Meridian

3. Mailing Address

Suite, Apt. #, etc.

608

Suite, Apt. #, etc.

City & State

Oklahoma City, OK

City & State

4. FEI Number

73-1021527

Applied For

Not Applicable

Zip

73108

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOYER, RONNY LYN
514 N. FLORIDA AVE.
DELAND FL 32720

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

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, 2000 Min. 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	T	<input type="checkbox"/> Delete
NAME	SULLIVAN, BRIAN G	
STREET ADDRESS	2632 CARLTON WAY	
CITY-ST-ZIP	THE VILLAGE OK	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEST, DEBORAH	
STREET ADDRESS	1000 BAVARIAN DR.	
CITY-ST-ZIP	EDMOND OK	
TITLE	AS	<input type="checkbox"/> Delete
NAME	MOYER, RONNY LYN	
STREET ADDRESS	514 N. FLORIDA AVENUE	
CITY-ST-ZIP	DELAND FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	SULLIVAN, JOHN G.	
STREET ADDRESS	2320 PARKLAND WAY	
CITY-ST-ZIP	NORMAN OK	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	CARROLL, WM. WESLEY	
STREET ADDRESS	4211 HIDDEN HILL RD.	
CITY-ST-ZIP	NORMAN OK	
TITLE	S	<input type="checkbox"/> Delete
NAME	SULLIVAN, FIORETTA S.	
STREET ADDRESS	2320 PARKLAND WAY	
CITY-ST-ZIP	NORMAN OK	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	400 Timberdale Terrace	
CITY-ST-ZIP	Edmond, OK	
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:

Signature of Sullivan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-14-00

Date

405-947-7660

Daytime Phone #

CR2E034 15/001