

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State
 05-11-2001 90453 029 ***150.00

DOCUMENT # P35695

1. Entity Name

COMMERCIAL INSURANCE SERVICES, INC.

Principal Place of Business

909 S MERIDIAN
 608
 OKLAHOMA CITY OK 73108

Mailing Address

POST OFFICE DRAWER 26227
 OKLAHOMA CITY OK 73126-0227

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **73-1021527**

Applied For
 Not Applicable

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 **Ronny Lyn Moyer**

4/26/01

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 \$150.00
After MAY 1, 2001 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	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	400 TIMBERDALE TERRACE	
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	Vice President/Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brian G. Sullivan	
STREET ADDRESS	2632 Carlton Way	
CITY-ST-ZIP	The Village OK 73120	
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	Chairman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John G. Sullivan	
STREET ADDRESS	2320 Parkland Way	
CITY-ST-ZIP	Norman, OK 73069	
TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wayne M. Osmond	
STREET ADDRESS	8144 NW 21st	
CITY-ST-ZIP	Oklahoma City, OK 73107	
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:

Brian G. Sullivan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-01

Date

405-947-7660 Ex120

Daytime Phone #

CR2E034 (10/00)