

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90040 011 ***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

4. FEI Number

73-1021527

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

7. Name and Address of New Registered Agent

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

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VPT** ☐ Delete
NAME **SULLIVAN, BRIAN G**
STREET ADDRESS **2632 CARLTON WAY**
CITY-ST-ZIP **OKLAHOMA CITY OK 73120**

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

TITLE **D** ☐ Delete
NAME **WEST, DEBORAH**
STREET ADDRESS **400 TIMBERDALE TERRACE**
CITY-ST-ZIP **EDMOND OK**

TITLE ☒ Change ☐ Addition
NAME **Bruehl, Deborah**
STREET ADDRESS **4001 Hatterly Lane**
CITY-ST-ZIP **Norman, OK 73072**

TITLE **AS** ☐ Delete
NAME **MOYER, RONNY LYN**
STREET ADDRESS **514 N. FLORIDA AVENUE**
CITY-ST-ZIP **DELAND FL**

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

TITLE **C** ☐ Delete
NAME **SULLIVAN, JOHN G.**
STREET ADDRESS **2320 PARKLAND WAY**
CITY-ST-ZIP **NORMAN OK**

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **73069**

TITLE **P** ☐ Delete
NAME **OSMOND, WAYNE M**
STREET ADDRESS **8144 NW 21ST**
CITY-ST-ZIP **OKLAHOMA CITY OK 73107**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **3144 NW 21st**
CITY-ST-ZIP **Oklahoma City, OK 73107**

TITLE **S** ☐ Delete
NAME **SULLIVAN, FIORETTA S.**
STREET ADDRESS **2320 PARKLAND WAY**
CITY-ST-ZIP **NORMAN OK**

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **73069**

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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/02

Date

405-947-7660

Daytime Phone #

CR2E034 (9/01)