

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 05, 2001 08:00 AM****Secretary of State****DOCUMENT # P94000078733**1. Entity Name  
COMMERCIAL COMPUTER SERVICES, INC.

## Principal Place of Business

9428 BAYMEADOWS RD  
SUITE 126  
JACKSONVILLE FL  
32256 US

## Mailing Address

9428 BAYMEADOWS RD  
SUITE 126  
JACKSONVILLE FL  
32256 US2. Principal Place of Business  
10407 CENTURION PARKWAY NORTH3. Mailing Address  
10407 CENTURION PARKWAY NORTHSuite, Apt. #, etc.  
SUITE 101Suite, Apt. #, etc.  
SUITE 101City & State  
JACKSONVILLE FLCity & State  
JACKSONVILLE FLZip Country  
32256 USZip Country  
32256 US4. FEI Number  
59-3276267Applied For  
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

ROBINSON MARY A  
1 INDEPENDENT DRIVE  
SUITE 2600  
JACKSONVILLE FL  
32202 US

## 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 \_\_\_\_\_ 01/05/2001  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	HANSEN KIRK C	2393 OCEAN BREEZE COURT	ATLANTIC BEACH FL 32233	<input type="checkbox"/>
D	HANSEN BONNIE L	2393 OCEAN BREEZE COURT	ATLANTIC BEACH FL 32233	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:** Bonnie Hansen  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres 01/05/2001

Date

Daytime Phone #

CR2E034 (11/00)