

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000089416

1. Entity Name
COMMERCIAL EQUIPMENT SYSTEMS, INC.

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90044 005 ***150.00

Principal Place of Business
3734 131ST AVENUE NORTH
SUITE 4
CLEARWATER FL 34622
US

Mailing Address
3734 1313ST AVE N
SUITE 4
CLEARWATER FL 33762
US

2. Principal Place of Business
12199 44th Street N.

3. Mailing Address
12199 44th Street N.

Suite, Apt. #, etc.
Unit B

Suite, Apt. #, etc.
Unit B

City & State
Clearwater, FL

City & State
Clearwater, FL

Zip
33762

Country
USA

Zip
33762

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3285080

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SHUTE, ROY E
3734 131ST AVENUE NORTH
SUITE 4
CLEARWATER FL 34622

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 \$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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHUTE, ROY E. 7160 AUGUSTA BLVD. LARGO FL 33777	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LOWE, ROBERT 6412 112TH AVENUE TEMPLE TERRACE FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 3/28/01 (727) 573-5757 Daytime Phone #

0626423

CR2E034 (10/00)