

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90141 018 ***150.00

DOCUMENT # P94000091813

1. Entity Name
COMMERCIAL FINANCIAL SERVICES CORPORATION



Principal Place of Business
**695 TARPON BAY ROAD, SUITE 7
SANIBEL FL 33957**

Mailing Address
**P. O. BOX 716
SANIBEL FL 33957
US**

11016673



2. Principal Place of Business

2430 PERIWINKLE WAY

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE B

City & State
SANIBEL ISLAND FL

City & State

4. FEI Number **65-0553752**

Applied For

Not Applicable

Zip
33957

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

**ARMENIA, LUCY
695 TARPON BAY ROAD, SUITE 7
SANIBEL FL 33957**

Name

Street Address (P.O. Box Number is Not Acceptable)

2430 PERIWINKLE WAY

SUITE B

City **SANIBEL ISLAND**

FL

Zip Code

33957

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ARMENIA, LUCY 695 TARPON BAY ROAD, SUITE 7 SANIBEL FL 33957	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GIOVANNETTI, PAUL 695 TARPON BAY ROAD, SUITE 7 SANIBEL FL 33957	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ARMENIA, JOHN 695 TARPON BAY ROAD, SUITE 7 SANIBEL FL 33957	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ARMENIA, LUCY 2430 PERIWINKLE WAY, SUITE B SANIBEL ISLAND FL 33957	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GIOVANNETTI, PAUL 2430 PERIWINKLE WAY, SUITE B SANIBEL ISLAND FL 33957	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ARMENIA, JOHN 2430 PERIWINKLE WAY, SUITE B SANIBEL ISLAND FL 33957	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 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

JOHN ARMENIA, V. Pres. 4/24/2003 239-395-9300

Date

Daytime Phone #

CR2E034 (10/02)