

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000093773

1. Entity Name

COMMERCIAL RISK SERVICES, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90008 015 ***150.00

Principal Place of Business

1600 W. COMMERCIAL BLVD.
FT. LAUDERDALE FL 33309

Mailing Address

1600 W. COMMERCIAL BLVD.
FT. LAUDERDALE FL 33309-3012

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

65-0626238

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JONES, MATTHEW T ESQ
1600 W COMMERCIAL BLVD
FT LAUDERDALE FL 33309

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, 2000 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	DP MORGAMAN, PHILIP E 1600 W. COMMERCIAL BLVD. FT. LAUDERDALE FL 33309	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP STEPHENSON, MARK 1600 W COMMERCIAL BLVD FT LAUDERDALE FL 33309	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NICHOLS, NEAL 3251 WASHINGTON BLVD ARLINGTON VA 22201	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMILLO, JOHN M 221 W OAKLAND PK BLVD FT LAUDERDALE FL 33-3111	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST GARDNER, DEBORAH S 1600 W COMMERCIAL BLVD FT LAUDERDALE FL 33309	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SPRUCE, WILLIAM D 1600 W COMMERCIAL BLVD FT LAUDERDALE FL 33309	<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"/> 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	D CAMILLO, JOHN M. 1600 W. COMMERCIAL BLVD. FT. LAUDERDALE, FL 33309 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GARDNER, DEBORAH S. 1600 W. COMMERCIAL BLVD. FT. LAUDERDALE, FL 33309 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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

Mark Stephenson, President 4/12/00 (954) 493-6565

Date

Daytime Phone #

CR2E034 (9/99)

attach.
C0070525
PG 50000 93773

COMMERCIAL RISK SERVICES, INC.

ADDITIONAL DIRECTORS AND OFFICERS:

Title: V
Name: Linda M. DiNapoli
Street Address: 1600 W. Commercial Blvd.
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: V
Name: Matthew T. Jones
Street Address: 1600 W. Commercial Blvd.
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: V
Name: Joseph A. Matteis
Street Address: 1600 W. Commercial Blvd.
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: V
Name: Dennis Smith
Street Address: 1600 W. Commercial Blvd.
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: V
Name: Cheryl A. Smith
Street Address: 1600 W. Commercial Blvd.
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: D,V,S,T
Name: Joel Mutnick
Street Address: 1600 W. Commercial Blvd.
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: V
Name: Marilyn Peterson
Street Address: 1600 W. Commercial Blvd.
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: V
Name: Peter Reo
Street Address: 1600 W. Commercial Blvd.
City-St-Zip: Ft. Lauderdale, Florida 33309