

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000098526

1. Entity Name

COMMERCIAL INVESTMENT FINANCIAL SERVICES, INC.

Principal Place of Business

1700 SOUTH DIXIE HWY
SUITE 303
BOCA RATON, FL 33432

Mailing Address

1700 SOUTH DIXIE HWY
SUITE 303
BOCA RATON, FL 33432

2. Principal Place of Business

2880 NW Second Avenue

3. Mailing Address

2880 NW Second Avenue

Suite, Apt. #, etc.

Bldg. 4

Suite, Apt. #, etc.

Bldg. 4

City & State

Boca Raton, Florida

City & State

Boca Raton, Florida

Zip

33431

Country

USA

Zip

33431

Country

USA

4. FEI Number

65-0771869

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

WOOLLEY, THOMAS J. JR
639 EAST OCEAN AVENUE
SUITE 408
BOYNTON BEACH FL. 33435

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 reissuing)

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 \$350.00
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 ☐ Delete
VICKERY, CHARLES E - 2880 NW
STREET ADDRESS Second Avenue, Bldg. 4. Boca Raton
CITY-ST-ZIP FL 33431

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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:

Charles Vickery

CHARLES VICKERY

4/23/01

3386847

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (11/00)