

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State
 04-09-2002 90766 028 ***158.75

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DOCUMENT # P96000098526
 1. Entity Name
COMMERCIAL INVESTMENT FINANCIAL SERVICES, INC.

Principal Place of Business
2880 NW 2ND AVE.
BLDG 4
BOCA RATON FL 33431

Mailing Address
2880 NW 2ND AVE.
BLDG 4
BOCA RATON FL 33431



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 **65-0771869** Applied For
 Not Applicable

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

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

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, 2002 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	D	<input type="checkbox"/> Delete
NAME	VICKERY, CHARLES E	
STREET ADDRESS	2ND AVE., BLDG 4	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Adriana Guardia	
STREET ADDRESS	7314 Brunswick Circle	
CITY-ST-ZIP	Boynton Beach, FL 33437	
TITLE	P	<input type="checkbox"/> Delete
NAME	Lisa Vickery	
STREET ADDRESS	2880 Second Ave Bldg #4	
CITY-ST-ZIP	Boca Raton, FL 33431	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/02 **338-6848**
 Date Daytime Phone #

CR2E034 (9/01)