

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90005 040 ***150.00

DOCUMENT # P98000040291

1. Entity Name
COMMAND TELEPHONE SERVICE, INC.

Principal Place of Business

**1432 LONG BAY RD.
MIDDLEBURG FL 32068**

Mailing Address

**1432 LONG BAY RD.
MIDDLEBURG FL 32068**

2. Principal Place of Business

3815 Calvary Ct
Suite, Apt. #, etc.

3. Mailing Address

3815 Calvary Ct
Suite, Apt. #, etc.

City & State
Middleburg FL

Zip
32068

Country
USA

City & State
Middleburg FL

Zip
32068

Country
USA

4. FEI Number
59-3506808

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**FRANASIAK, LINDA
1432 LONG BAY ROAD
MIDDLEBURG FL 32068**

7. Name and Address of New Registered Agent

Name
3815 Calvary Ct
Street Address (P.O. Box Number is Not Acceptable)
Middleburg FL 32068

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 **Linda Franasia**
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, 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

TITLE	P	<input type="checkbox"/> Delete
NAME	FRANASIAK, RICK	
STREET ADDRESS	1432 LONG BAY ROAD	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	FRANASIAK, LINDA	
STREET ADDRESS	1432 LONG BAY ROAD	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3815 Calvary Ct	
STREET ADDRESS	Middleburg FL 32068	
CITY-ST-ZIP	Middleburg FL 32068	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3815 Calvary Ct	
STREET ADDRESS	Middleburg FL 32068	
CITY-ST-ZIP	Middleburg FL 32068	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 **Linda Franasia**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/02 904-291-0735
Date Daytime Phone #

CR2E034 (9/01)