

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90174 034 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000012480

1. Entity Name
NATIONAL COMMERCIAL SERVICES, INC.

Principal Place of Business

C/O CHARLES GUGEL

3861 N.E. 15TH AVE.

POMPANO BEACH FL 33064

Mailing Address

C/O CHARLES GUGEL

3861 N.E. 15TH AVE.

POMPANO BEACH FL 33064

2. Principal Place of Business

3861 NE 15th Ave

Suite, Apt. #, etc.

Pompano Beach FL

City & State

3. Mailing Address

3907 N. Federal Hwy

Suite, Apt. #, etc.

#180

City & State

Pompano Beach, FL 33064

4. FEI Number

65-0897910

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

Zip **33064**

Country

BROWARD

Zip **33064**

Country

BROWARD

6. Name and Address of Current Registered Agent

GUGEL, CHARLES E

3861 NE 15 AVE

POMPANO BEACH FL 33064

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

Charles E Gugel

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

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	GUGEL, CHARLES E	
STREET ADDRESS	3861 NW 14ST AVE	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	AWICE GUGEL, Secretary	<input type="checkbox"/> Delete
NAME	3907 N. Federal Hwy	
STREET ADDRESS	#180, Pompano Beach FL	
CITY-ST-ZIP	33064	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Charles E Gugel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/02 **954 782-7916**

CR2E034 (9/01)