

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000023681

1. Entity Name
COMMUNICATIONS SPECIALTY INC

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90227 031 ***150.00

Principal Place of Business Mailing Address

4013 W LINEBAUGH AVE #101
TAMPA, FL 33624

2. Principal Place of Business

4013 W LINEBAUGH AVE

Suite, Apt. #, etc.

#101

City & State

TAMPA FL

Zip

33624

Country

USA

3. Mailing Address

P.O. Box 7075

Suite, Apt. #, etc.

City & State

WESLEY CHAPEL FL

Zip

33543

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3569185

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROBERT L VOELTZ

4013 W LINEBAUGH AVE #101
TAMPA, FL 33624

7. Name and Address of New Registered Agent

Name

CHARLES J BURGESS

Street Address (P.O. Box Number is Not Acceptable)

4013 W LINEBAUGH AVE #101

City

TAMPA

FL

Zip Code

33624

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 J Burgess**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04/25/00

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

TITLE **ROBERT L VOELTZ** ☒ Delete
NAME
STREET ADDRESS **4013 W LINEBAUGH AVE #101**
CITY-ST-ZIP **TAMPA, FL 33624**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CHARLES J BURGESS** ☒ Change ☐ Addition
NAME
STREET ADDRESS **4013 W LINEBAUGH AVE #101**
CITY-ST-ZIP **TAMPA, FL 33624**

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

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

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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 J Burgess pres.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/25/00 813 961-1765

Date

Daytime Phone #

CR2E034 (9/99)