

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000039617

1. Entity Name  
ANA COMMERCIAL SERVICES INC.

Principal Place of Business  
613 TEAL AVE.  
CELEBRATION FL 34747

Mailing Address  
613 TEAL AVE.  
CELEBRATION FL 34747

2. Principal Place of Business  
613 Teal Ave.  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Celebration, FL  
Zip 34747

City & State

Zip

Country

4. FEI Number 59-3581725

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

PALACIOS, ANA I  
613 TEAL AVE.  
CELEBRATION FL 34747

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
700004589387-5  
-03/15/01--01004--020  
City \*\*\*FL Dep Code\*\*\*150.00

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 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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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 PST  
NAME PALACIOS, ANA  
STREET ADDRESS 613 TEAL AVE.  
CITY-ST-ZIP CELEBRATION FL 34747

☐ Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Delete

☐ Change ☐ Addition

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 807, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

FILED

01 SEP -6 AM 9:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E034 (5/01)

ATTACHMENT

282

12/05

Dear Sir:..... P99000039617

Last year, please check your records, I had the same problem. When I receive my notice of payment is to show 550.!!!

I would like to be treated as anybody else that receive their notices on time.

I was hopeful to start a business and the way it looks I might have to forget about this business. But I do want to do things right.

I'm sending you my payment for \$150. and would you please send my notice of payment on time. Please.

Ana Pelacio