

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90134 044 ***150.00

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DOCUMENT # P99000048182

1. Entity Name
RECOGNITION COMMERCIAL SERVICES INC.



Principal Place of Business
**2422 TULANE DRIVE
COCOA FL 32926**

Mailing Address
**2422 TULANE DRIVE
COCOA FL 32926**



2. Principal Place of Business

205 CHELIE DOWN LANE
Suite, Apt. #, etc.

3. Mailing Address

205 CHELIE DOWN LANE
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

CAPE CANAVERAL, FL

City & State

CAPE CANAVERAL, FL

4. FEI Number **59-3581103**

Applied For
Not Applicable

Zip
32920

Country
BLUAND

Zip
32920

Country
BLUAND

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

6. Name and Address of Current Registered Agent

**NICHOLS, PETER B
2422 TULANE DRIVE
COCOA FL 32926**

7. Name and Address of New Registered Agent

Name **Nichols - PETER - B.**
Street Address (P.O. Box Number is Not Acceptable)
205 CHELIE DOWN LANE
City **CAPE CANAVERAL** FL Zip Code **32920**

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. I am familiar with, and accept the obligations of registered agent.

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

(NOTE: Registered Agent signature required when reinstating)

4/22/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NICHOLS, PAUL 2422 TULANE DRIVE COCOA FL 32926	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NICHOLS, TERRI 2422 TULANE DRIVE COCOA FL 32926	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NICHOLS, EMMALEE 2422-TULANE DRIVE COCOA FL 32926	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NICHOLS, PETER B 2422 TULANE DRIVE COCOA FL 32926	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER B. NICHOLS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/22/03 321-784-6153

CR2E034 (10/02)