

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 28, 2000 8:00 am
Secretary of State

07-28-2000 90153 028 ***550.00

DOCUMENT # P99000092735

1. Entity Name
COMMERCIAL SYSTEMS OF TAMPA, INC.

Principal Place of Business
**1108 GLEN PARK LANE
 VALRICO FL 33594**

Mailing Address
**1108 GLEN PARK LANE
 VALRICO FL 33594**

2. Principal Place of Business
9810 US Hwy 92 East
 Suite, Apt. #, etc.

3. Mailing Address
9810 US Hwy 92 East
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Tampa, Florida
 Zip
33610
 Country
USA

City & State
Tampa, Florida
 Zip
33610
 Country
USA

4. FEI Number
59-3633776

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**SCHECHT, NEIL S
 3426 W. KENNEDY BOULEVARD
 TAMPA FL 33609**

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 *Arleigh Halterman*

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 13, 2000 Min. 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 NAME STREET ADDRESS CITY-ST-ZIP	D WILLIS, DAVID C 1108 GLEN PARK LANE VALRICO FL 33594	<input checked="" 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Arleigh Halterman 9810 US Hwy 92 East Tampa, FL 33610	<input checked="" 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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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: *Arleigh Halterman* **Arleigh Halterman**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date **7/19/00**
 Daytime Phone # **(813) 626-4677**

CR12E034 (3/00)