

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000092735

1. Entity Name
COMMERCIAL SYSTEMS OF TAMPA, INC.

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

07-28-2000 90153 028 ***550.00

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

City & State

Tampa, Florida

4. FEI Number

59-3633776

Applied For

Not Applicable

Zip

33610

Country

USA

Zip

33610

Country

USA

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 D
NAME WILLIS, DAVID C
STREET ADDRESS 1108 GLEN PARK LANE
CITY-ST-ZIP VALRICO FL 33594 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME Arleigh Halterman
STREET ADDRESS 9810 US Hwy 92 East
CITY-ST-ZIP Tampa, FL 33610 ☒ Change ☐ Addition

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/19/00

Daytime Phone #

(813) 626-4677

CR2E034 (5/00)