

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 09, 2001 8:00 am
Secretary of State

03-09-2001 90490 039 ***150.00

DOCUMENT # P99000101049

1. Entity Name

COMMERCIAL APPLICATORS SYSTEMS, INC.

Principal Place of Business

**4801 SIERRA MADRE DRIVE
TAMPA FL 33623**

Mailing Address

**4801 SIERRA MADRE DRIVE
TAMPA FL 33623**

2. Principal Place of Business

16210 FANTASIA DR

3. Mailing Address

16210 FANTASIA DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA, FL 22624

City & State

TAMPA, FL

Zip

22624

Country

U.S.

Zip

22624

Country

U.S.

4. FEI Number

59-3610927

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**TEDONE, ROBERT V
4801 SIERRA MADRE DRIVE
TAMPA FL 33623 --**

7. Name and Address of New Registered Agent

Name

SAME

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

16210 FANTASIA DRIVE

City

TAMPA

FL

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

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 \$150.00
After MAY 1, 2001 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 **PSTD** ☐ Delete
NAME **TEDONE, ROBERT V**
STREET ADDRESS **4801 SIERRA MADRE DRIVE--**
CITY-ST-ZIP **TAMPA FL 33623 ---**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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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 ☐ Change ☐ Addition
NAME
STREET ADDRESS **16210 FANTASIA DRIVE**
CITY-ST-ZIP **TAMPA, FL 33624**

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

TITLE ☐ Change ☐ Addition
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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:

Robert V. Tedone

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-01

Date

(813)2659477

Daytime Phone #

CR2E034 (10/00)