

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S11732

1. Entity Name

COMMERCIAL SERVICE SYSTEMS, INC.

FILED

May 10, 2001 8:00 am  
Secretary of State

05-10-2001 90180 004 \*\*\*150.00

Principal Place of Business

431-B AULIN AVENUE  
OVIEDO FL 32765  
US

Mailing Address

PO BOX 620417  
OVIEDO FL 32762  
US

2. Principal Place of Business

332 TIMBERWOOD TRAIL

3. Mailing Address

Suite, Apt. #, etc.

City & State

OVIEDO, FL

City & State

Zip

Country

32765

Country

US

Country

32765

4. FEI Number

59-3037685

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SWIFT, DAVID W.  
332 TIMBERWOOD TRAIL  
OVIEDO FL 32765

Name

DEBRA J. SWIFT

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

332 TIMBERWOOD TRAIL

City

OVIEDO

FL

Zip Code

32765

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 type if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-26-01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME SWIFT, DAVID W  
STREET ADDRESS 332 TIMBERWOOD TRAIL  
CITY-ST-ZIP OVIEDO FL

☒ Delete

TITLE TS  
NAME SWIFT, DEBRA J  
STREET ADDRESS 332 TIMBERWOOD TRAIL  
CITY-ST-ZIP OVIEDO FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE P  
NAME SWIFT, DEBRA J  
STREET ADDRESS 332 TIMBERWOOD TRAIL  
CITY-ST-ZIP OVIEDO, FL

☒ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-26-01

407-359-8051

CR2E034 (10/00)