

# 2000 UNIFORM BUSINESS REPORT (UBR)

0451292

**DOCUMENT # S35653**

1. Entity Name  
**COMMERCIAL BROKER SERVICES, INC.**

FILED

00 MAR 15 PM 3:44

Principal Place of Business  
**402 S. KENTUCKY AVE  
4TH FLOOR  
LAKELAND FL 33801  
US**

Mailing Address  
**PO BOX 3665  
LAKELAND FL 33802-3665  
US**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*[Handwritten signature]*



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**2 South University Dr. Suite, Apt. #, etc. 220  
Plantation, FL 33324  
USA**

3. Mailing Address  
**50 California St. Suite, Apt. #, etc. 24th fl  
San Francisco, CA 94111  
USA**

4. FEI Number **59-3069956** Applied For ☐ Not Applicable ☒

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

6. Name and Address of Current Registered Agent  
**SUTTON, CARLOS K.  
402 S KENTUCKY AVE  
4TH FLOOR  
LAKELAND FL 33801**

7. Name and Address of New Registered Agent  
Name **Corporation Service Company**  
Street Address (P.O. Box Number is Not Acceptable)  
**1201 Hays St**  
City **Tallahassee** FL Zip Code **32301**

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 *Bobbie Hall* By: **Bobbie Hall, Asst. Vice President** 3/13/2000  
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. ☐ **FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	PD SUTTON, CARLOS K. 402 S KENTUCKY AVE #400 LAKELAND FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO and Director Michael Karp 2 South University Dr., #220 Plantation, FL 33324	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Ernest J. Newborn, II 50 California St San Francisco, CA 94111	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Michael T. Leonard 50 California St San Francisco, CA 94111	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Wendy Lang 2 South University Dr., #220 Plantation, FL 33324	<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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2 South University Dr. #220 Plantation, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Ernest J. Newborn, II* 3/8/00  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

100003171341--4

Page 2  
Attachment



ACCOUNT NO. : 072100000032

REFERENCE : 620947 • 7139998

AUTHORIZATION : *Patricia Piguet*

COST LIMIT : \$ 158.75

ORDER DATE : March 10, 2000

ORDER TIME : 11:03 AM

ORDER NO. : 620947-105

CUSTOMER NO: 7139998

CUSTOMER: Ms. Linda Hart  
Usi Holdings, Inc.  
50 California St.  
24th Floor  
San Francisco, CA 94111

ANNUAL REPORT FILING

NAME: COMMERCIAL BROKER SERVICES,  
INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: ~~Amy Lampi~~

*Christine*

EXAMINER'S INITIALS: \_\_\_\_\_

RECEIVED  
00 MAR 15 PM 1:07  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA