

2002 UNIFORM BUSINESS REPORT (UBR)

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0616434 AT

DOCUMENT # S35653

1. Entity Name
COMMERCIAL BROKER SERVICES, INC.

Principal Place of Business
2 SOUTH UNIVERSITY DRIVE, #220
PLANTATION FL 33324
US

Mailing Address
50 CALIFORNIA STREET
24TH FLOOR
SAN FRANCISCO CA 94111
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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

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, 2002 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 PD
NAME SUTTON, CARLOS K
STREET ADDRESS 2 SOUTH UNIVERSITY DRIVE, #220
CITY-ST-ZIP PLANTATION FL 33324 ☐ Delete

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

TITLE DCEO
NAME KARP, MICHAEL
STREET ADDRESS 2 SOUTH UNIVERSITY DRIVE, #220
CITY-ST-ZIP PLANTATION FL 33324 ☐ Delete

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

TITLE S
NAME NEWBORN, ERNEST J II
STREET ADDRESS 2 SOUTH UNIVERSITY DRIVE, #220
CITY-ST-ZIP PLANTATION FL 33324 ☐ Delete

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

TITLE T
NAME BOWLER, EDWARD
STREET ADDRESS 50 CALIFORNIA STREET
CITY-ST-ZIP SAN FRANCISCO CA 94111 ☐ Delete

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

TITLE V
NAME LANG, WENDY
STREET ADDRESS 2 SOUTH UNIVERSITY DRIVE, #220
CITY-ST-ZIP PLANTATION FL 33324 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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 REQUIRED NEWBORN, II

Date

Daytime Phone #

1-21-02

415-263-2105

CR2E034 (9/01)

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ACCOUNT NO. : 072100000032
REFERENCE : 549650 7139998
AUTHORIZATION : *Patricia Poynter*
COST LIMIT : \$ 150.00

ORDER DATE : April 25, 2002

ORDER TIME : 11:21 AM

ORDER NO. : 549650-020

CUSTOMER NO: 7139998

CUSTOMER: Mr. Chad Wiechers
Usi Holdings, Inc.
24th Floor
50 California Street
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
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder-EXT#1118

EXAMINER'S INITIALS: _____

RECEIVED
02 APR 26 PM 12:11
DIVISION OF CORPORATION