2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

P.O. BOX 5552

V16976 **DOCUMENT #**

1. Entity Name

5150 SW 48 WAY

Principal Place of Business

COMMERCIAL DRIVER SERVICES, INC.



FILED Apr 07, 2003 8:00 am § Secretary of State

04-07-2003 91038 022 ***150.00

|--|

| STE. 603 DAVIE FL 33314 | | | | FT. LAUDERDALE FL 33310 | | | | t Janet Berg Pe to | 41A 4111 1011 1411 | | | | |
|--|--------------------------|--|---------------------|-------------------------|-----------|-----------------------|---|--|-----------------------------------|---------|----------------|---------------------|--|
| US | | | | US | | | | | | | | | |
| 2. Principal Place of Business | | | | 3. Mailing Address | | | | | | |) | | |
| Suite, Apt. #, etc. | | | | Suite, Apt. #, etc. | | | | ☐ CHECK HERE IF MAKING CHANGES | | | | | |
| City & State | | | | City & State | | | 4. | 4. FEI Number 65-0317894 | | | <u> </u> | oplied For | |
| Zip | = | Country | Zip | · | | | 5. | 5. Certificate of Status Desired \$8.75 Additional | | | | | |
| | 6. Name | and Address of Curren | | | | | 7. Name and Address of New Registered Agent | | | | | | |
| | | | | | | | Name | | | | | | |
| GAETANO, LOUIS | | | | | | | | | | | | | |
| 5150 SW | 48 WAY | | | Street Address (F | | | dress (P.O. | P.O. Box Number is Not Acceptable) | | | | | |
| STE 603 | | , | | | | | | | • | | | | |
| DAVIE FL | 33314 | | | | | City | | FL Zip Code | | | | е | |
| 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. I am familiar with, and according to the purpose of changing its registered agent, or both, in the State of Florida. | | | | | | | | | | | and accept | | |
| the obligations of registered agent. | | | | | | | | | | | | | |
| SIGNATURE . | SIGNATURE | | | | | | | | | | | | |
| | Signature, typed | or printed name of registered agen | t and title if appl | icable. (NOTE: | Registere | d Agent signatur | re required wher | n reinstating) | | DATE | | | |
| FILE NOW!!! FEE IS \$150.00 | | | | | | | | O. Floaties (| Osansias Fiss | | A E 0 | ^ | |
| After May 1, 2003 Fee will be \$550.00 | | | | | | | | | Campaign Finar d Contribution. | icing | \$5.0 Added | O May Be to Fees | |
| Make Check Payable to Florida Department of State | | | | | | | | | | | | | |
| 10. <u>.</u> | VD. | OFFICERS AND | DIRECTO | | 11. | Т | | ADDITIONS/CHAN | IGES TO OFFIC | ERS AND | DIRECTOR | S IN 11 | |
| TITLE NAME | VP MOSKOS | TRACIE | | Delete | TITLE | | | | | | Change | ☐ Addition | |
| | EACO ON AO MAN DINTE OOO | | | | | | | | | | | ' | |
| CITY-ST-ZIP | DAVIE FL 3 | | | | | ET ADDRESS -ST-ZIP | | | | | | ļ | |
| TITLE . | Р | | | ☐ Delete | TITLE | : | | | | | ☐ Change | Addition | |
| NAME | GAETANO, | | | _ 53334 | NAME | E] | | | | | | | |
| | 5150 S.W. | | STRE | | | | | | | | | | |
| CITY-ST-ZIP | DAVIE FL | | | | CITY- | -ST-ZIP | | . 10-1 | | | | ··· | |
| THTLE | <u>-</u> | resident de la companya del companya del companya de la companya d | <u>ವಿ</u> ನಾವಾ ಉಪನ | Delete | TITLE | | المندال المستهين | and the second s | سسنة المتثل الإسرام المتناضية | | ☐ Change | Addition | |
| NAME STREET ADDRESS | | | | • | NAME | ET ADDRESS | | | | | | | |
| CITY-ST-ZIP | | | | | | -ST-ZIP | | | | | | | |
| TITLE | | ********* | | ☐ Delete | TITLE | | | | | | ☐ Change | ☐ Addition | |
| NAME | | | | | NAME | | | | | | ondings | | |
| STREET ADDRESS | | | | | STREE | ET ADDRESS | | | | | | | |
| CITY-ST-ZIP | • | | | | CITY- | ST-ZIP | | m.u. | , | | | | |
| TITLE | | | | ☐ Delete | TITLE | | | | | | Change | ☐ Addition | |
| NAME STREET ADDRESS | | | | | NAME | | | | | | | | |
| STREET ADDRESS. CITY-ST-ZIP | | | | | | ET ADDRESS ST-ZIP | | . • | | | .* | | |
| TITLE | | 17 7 PRINT 1 | | ☐ Delete | TITLE | | | | | 1 | Change | Addition | |
| NAME | | | | □ Dele(e | NAME | | | | | 1 | onange | LI MUUIIIUII | |
| STREET ADDRESS | • | | | | | ET ADDRESS | | • | | | | ł | |
| CITY-ST-ZIP | | | | | CITY- | ST-ZIP | | и | | | | | |
| 12 I barabu a | الرابلة مرابلة والكالمان | Sufficiency of the Control of the St. | | | | | | | | | | | |

I hereby certify that the information supplied with this filling 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 eport 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

AUTHEU RINTED NAME OF SIGNING OFFICER OR DIRECTOR 4-4-2003

954-792-4622

Daytime Phone #