2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2000 8:00 am
Secretary of State
05-24-2000 90058 031 ***150.00

DOCUMENT # P97000029759

1. Entity Name

COMMERCIAL INSURANCE RESOURCES, INC.

Principal Place of Business	Mailing Address
144 WOODRIDGE TRAIL SANFORD FL 32771	144 WOODRIDGE TRAIL SANFORD FL 32771-8840

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	P.O. BOX 952247
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State LAKE MARY, FL
Zip / Country	Zip 32795 / Country USA

4. FEI Number 59-3437312 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

REED, MARIA
144 WOODRIDGE TRAIL
SANFORD FL 32771

7. Name and Address of New Registered Agent

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, 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	P ☐ Delete	TITLE ☐ Change ☐ Addition
NAME	REED, MARIA	NAME
STREET ADDRESS	144 WOODRIDGE TRAIL	STREET ADDRESS
CITY-ST-ZIP	SANFORD FL 32771	CITY-ST-ZIP
TITLE	ST ☐ Delete	TITLE ☐ Change ☐ Addition
NAME	REED, CHUCK	NAME
STREET ADDRESS	144 WOODRIDGE TRAIL	STREET ADDRESS
CITY-ST-ZIP	SANFORD FL 32771	CITY-ST-ZIP
TITLE	☐ Delete	TITLE ☐ Change ☐ Addition
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP
TITLE	☐ Delete	TITLE ☐ Change ☐ Addition
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP
TITLE	☐ Delete	TITLE ☐ Change ☐ Addition
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP
TITLE	☐ Delete	TITLE ☐ Change ☐ Addition
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP

CR2E034 (9/99)

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: Maria C. Reed 4/26/00 407-330-4243

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #