2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90334 029 ***150.00

004860 AV

DOCUMENT # V65151

1. Entity Name
THE COMMODORE SALES & RENTAL CORPORATION

Principal Place of Business	Mailing Address
4715 THOMAS DRIVE PANAMA CITY BEACH FL 32408 US	4715 THOMAS DRIVE PANAMA CTIY BEACH FL 32408 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3145257 — 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
SLOAN, TIMOTHY J. 427 MCKENZIE AVE PANAMA CITY FL 32401	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 P NAME TURLEY, MARILYN B STREET ADDRESS 3601 OAK KNOLL CT. CITY-ST-ZIP PANAMA CITY BEACH FL 32408	☐ Delete	TITLE P NAME Smith, Carol D STREET ADDRESS 409 Beth St CITY-ST-ZIP PCB, FL 32407	☐ Change ☐ Addition
TITLE D NAME TERBOT, BILL STREET ADDRESS 4715 THOMAS DR. #1210 CITY-ST-ZIP PANAMA CITY BEACH FL 32408	☐ Delete	TITLE D NAME Ed Nichols STREET ADDRESS 4715 Thomas Dr # 905 CITY-ST-ZIP PCB, FL 32408	☐ Change ☑ Addition
TITLE D NAME GENE HURLEY STREET ADDRESS 4715 THOMAS DR #1101 CITY-ST-ZIP PANAMA CITY BCH FL 32408	☐ Delete	TITLE D NAME Davis, Ron STREET ADDRESS 4715 Thomas Dr #401 CITY-ST-ZIP Panama City Bch, FL 32408	☑ Change ☐ Addition
TITLE D NAME ADAMS, BILL STREET ADDRESS 4715 THOMAS DRIVE #608 CITY-ST-ZIP PANAMA CITY FL 32408	☐ Delete	TITLE D NAME Mary Ann Massey STREET ADDRESS 4715 Thomas Dr # 1004 CITY-ST-ZIP PCB, FL 32408	☐ Change ☐ Addition
TITLE D NAME EVERETT, KENNETH STREET ADDRESS 554 OPPERT RD. CITY-ST-ZIP DOTHAN AL 36301	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME HONEY, MARGARET STREET ADDRESS 4715 THOMAS DRIVE #109 CITY-ST-ZIP PANAMA CITY BCH FL 32408	☐ 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: Carolyn Smith 2-11-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/01)