

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000000391**

1. Entity Name

COMMERCE WAY, LTD.

Principal Place of Business

2300-2320 S. AIRPORT BLVD.
SANFORD FL 32771

Mailing Address

P.O. BOX 940877
MAITLAND FL 32794-0877

FILED

01 MAY -9 AM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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 **59-3603108**

Applied For

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

TATICH, PHILIP

341 NORTH MAITLAND AVENUE, SUITE 340
MAITLAND FL 32751

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. Capital Contributions
as Shown on record.

\$288,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **L28451**
NAME **SDP INVESTMENTS, INC.**
STREET ADDRESS **1605 KING ARTHUR CIRCLE**
CITY-ST-ZIP **MAITLAND FL 32751**

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT # **L79712**
NAME **SOS REALTY CORP.**
STREET ADDRESS **1605 KING ARTHUR CIRCLE**
CITY-ST-ZIP **MAITLAND FL 32751**

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT # **RED BAY PARTNERS, INC.**
NAME **117 RED BAY DRIVE**
STREET ADDRESS **LONGWOOD FL 32779**
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

500004416505-3
06/12/01-01079-008
******526.25 ****526.25**

DOCUMENT #
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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/11/01

(407) 491-3711
Daytime Phone #

CR2E003 (11/00)

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