

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 307404**

1. Entity Name

COMMERCIAL WAREHOUSING, INC.

Principal Place of Business

Mailing Address

**502 E BRIDGES AVE.
AUBURNDALE FL 33823****502 E BRIDGES AVE.
AUBURNDALE FLA 33823**

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

59-1145652

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****BOSTICK, GUY
502 E BRIDGERS AVE
AUBURNDALE FL 33823**

Name

Street Address (P.O. Box Number is Not Acceptable)

CORPORATION SERVICE COMPANY**1201 HAYS ST**

City

TALLAHASSEE**FL**

Zip Code

32301

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
NAME
STREET ADDRESS
CITY-ST-ZIP**D** ☐ Delete
**BOSTICK, GUY
502 E. BRIDGERS AVE.
AUBURNDALE FL**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**VTD** ☐ Delete
**JACOBS, MILTON E.
502 E. BRIDGERS AVE.
AUBURNDALE FL**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**PD** ☐ Delete
**BOSTICK, R. MARK
502 E. BRIDGERS AVE.
AUBURNDALE FL**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**EVP** ☐ Delete
**WILKENS, MORRIS
502 E. BRIDGERS AVE.
AUBURNDALE FL 33823**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**S** ☐ Delete
**READY, BILLY R
502 E. BRIDGERS AVE.
AUBURNDALE FL**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
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NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Billy R. Ready, Sec

Date

3/29/00

Daytime Phone #

863-865-16878**FILED**
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90033 030 ***150.00



DO NOT WRITE IN THIS SPACE