2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2002 8:00 AM
Secretary of State

DOCUMENT# 307404

Entity Name: COMMERCIAL WAREHOUSING, INC.

Current Principal Place of Business:

502 E BRIDGES AVE.
AUBURNDALE, FL 33823

New Principal Place of Business:

502 E BRIDGERS AVE.
AUBURNDALE, FL 33823

Current Mailing Address:

502 E BRIDGES AVE.
AUBURNDALE, FL 33823

New Mailing Address:

502 E BRIDGERS AVE.
AUBURNDALE, FL 33823

FEI Number: 59-1145652 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS ST
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BOSTICK, GUY,
Address: 502 E. BRIDGERS AVE.
City-St-Zip: AUBURNDALE, FL

Title: VTD ( ) Delete
Name: JACOBS, MILTON E.,
Address: 502 E. BRIDGERS AVE.
City-St-Zip: AUBURNDALE, FL

Title: PD (X) Delete
Name: BOSTICK, R. MARK,
Address: 502 E. BRIDGERS AVE.
City-St-Zip: AUBURNDALE, FL

Title: EVP (X) Delete
Name: WILKENS, MORRIS
Address: 502 E. BRIDGERS AVE.
City-St-Zip: AUBURNDALE, FL 33823

Title: S (X) Delete
Name: READY, BILLY R
Address: 502 E. BRIDGERS AVE.
City-St-Zip: AUBURNDALE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: BOSTICK, R. MARK
Address: 502 E. BRIDGERS AVE.
City-St-Zip: AUBURNDALE, FL 33823

Title: TSD (X) Change ( ) Addition
Name: JACOBS, MILTON E
Address: 502 E. BRIDGERS AVE.
City-St-Zip: AUBURNDALE, FL 33823

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MILTON E. JACOBS TSD 04/19/2002

Electronic Signature of Signing Officer or Director Date