

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90182 047 \*\*\*150.00

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**DOCUMENT # 656088**

1. Entity Name  
**COMMERCIAL PROPERTIES, INC.**



Principal Place of Business  
11911 US 1  
SUITE 201  
N PALM BCH FL 33409  
US

Mailing Address  
11911 US 1  
SUITE 201  
N PALM BCH FL 33408  
US



2. Principal Place of Business  
*17 Bay Harbor Road*  
Suite, Apt. #, etc.

3. Mailing Address  
*17 Bay Harbor Road*  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
*Tequesta, FL*  
Zip  
*33469*  
Country  
*USA*

City & State  
*Tequesta FL*  
Zip  
*33469*  
Country  
*USA*

4. FEI Number **59-2096898**  
Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**ROBERT, B. COOK**  
11911 U. S. HIGHWAY 1  
SUITE 201  
NO. PALM BCH FL 33408

7. Name and Address of New Registered Agent  
Name  
*Robert B Cook*  
Street Address (P.O. Box Number is Not Acceptable)  
*17 Bay Harbor Road*  
City  
*Tequesta* FL Zip Code  
*33469*

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Robert B Cook* DATE *1/16/03*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>D COOK, LESLIE A 17 BAY HARBOR TEQUESTA, FL 33458</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>PST COOK, LESLIE A 17 BAY HARBOR TEQUESTA, FL 33458</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other lines empowered.

SIGNATURE: *Robert B Cook* DATE *1/16/03* DAYTIME PHONE # *561-766-1866*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2034 (10/02)