

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90049 009 ***150.00

DOCUMENT # 659503

1. Entity Name

COMMERCIAL INTEREST DEVELOPMENTS, INC.

Principal Place of Business

SOUTH U.S. HIGHWAY
P.O. BOX 147
INGLIS FL 32649

Mailing Address

SOUTH U.S. HIGHWAY
P.O. BOX 147
INGLIS FL 34449-0147

2. Principal Place of Business

645 R.E. 2nd Ave

Mailing Address

P.O. Box 420

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CRYSTAL RIVER, FL

City & State

CRYSTAL RIVER, FL

4. FEI Number

59-1991233

Applied For
Not Applicable

Zip

34428

Country

USA

Zip

34423

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GARRICK, DAVID
502 N. W. 6TH STREET
CRYSTAL RIVER FL 32629

7. Name and Address of New Registered Agent

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, 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

TITLE PD
NAME GARRICK, DAVID
STREET ADDRESS 420 MILLER CREEK RD
CITY-ST-ZIP CRYSTAL RIVER, FL 00000 ☐ Delete

TITLE D
NAME MICHALSKI, JOYCE
STREET ADDRESS 16 FRAMINGHAM DR
CITY-ST-ZIP INGLIS FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME P.O. Box 420 ☒ Change ☐ Additor
STREET ADDRESS
CITY-ST-ZIP CRYSTAL RIVER, FL 34423

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Additor

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CITY-ST-ZIP ☐ Change ☐ Additor

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] M. GARRICK 2-300 352-563-5004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #