2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 770913

1. Entity Name

COMMERCE CENTER I ASSOCIATION, INC.



FILED Feb 04, 2003 8:00 am Secretary of State 02-04-2003 90099 034 ****61.25

Principal Plac	e of Business	Mailing Address					
1479 SE VILLAGE GREEN DR PORT SAINT LUCIE FL 34952		1479 SE VILLAGE GREEN DR					
PORT SAINT L	UCIE FL 34952	PORT SAINT LUCIE FL 34	952				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FE! Number 59-2357948		 	oplied For ot Applicable
Zip	Country	Zip	Country	5. Certificate of Statu	s Desired	\$8.75 Add	ditional
-	6. Name and Address of Curren	t Registered Agent		- 7Name and Addres	s of New Registered	Agent	
			Name				
SIBERT, \			Street Addres		Acceptable)		
	VILLAGE GREEN DR						
PORT ST	. LUCIE FL 33452						
•	. 13 <u>13</u>		City		F	Zip Cod	е
O The shows	named entity submits this statement t	for the purpose of aboneing its	a registered office or regis	stored agent or both in the			and accept
, the obligat	tions of registered agent.	or the purpose of changing its	s registered office of regis	stered agent, or both, in the	State of Florida. Tail	n rannica wich,	and accept
				•		1/2/2-	
SIGNATURE .	W. Clared Lab	ert				131/03	
	Signature, typed or printed name of registered ager	t and title if applicable (MO)	TE: Registered Agent signature requ	uired when reinstating)	DATE		
	Signature, typed or printed name or registered ager	it and the it applicable. (NO					
	Signature, typed or printed name or registered ager	it and dife it applicable. The					
		9. Election Ca	mpaign Financing	\$5.00 May Be		ck Payable	
<u></u>	FILE NOW: FEE IS \$61.25	9. Election Ca	,	\$5.00 May Be Added to Fees	Make Che Florida Depa		
	FILE NOW: FEE IS \$61.25	9. Election Ca Trust Fund	mpaign Financing Contribution.	Added to Fees	Florida Depa	irtment of S	State
10.	FILE NOW: FEE IS \$61.25	9. Election Ca Trust Fund	mpaign Financing Contribution.		Florida Depa	DIRECTORS IN	State
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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 617, 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 like empowered.

SIGNATURE:

31/03 772-335-9070