

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0007015 AT

DOCUMENT # A96000001853

1. Entity Name
COMMERCE FIVE, LTD.



FILED

03 MAR 26 AM 9:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
1610 TENNESSEE AVE
LYNNHAVEN FL 32444

Mailing Address
1610 TENNESSEE AVE.
LYNNHAVEN FL 32444

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2003

4. FEI Number 59-3408484

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

WHITE, W. GRAHAM
250 PARK AVE. SOUTH, 5TH FLOOR
WINTER PARKA FL 32789

Name Jean F Tillman

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

1610 Tennessee Ave

City Lynn Haven

FL

Zip Code 32444

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 *Jean F. Tillman*

2/26/03

DATE

9. Capital Contributions as Shown on record. \$12,400.00

10. Amount of Capital Contributions in FLORIDA to date. \$12,400.00

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # P96000082176
NAME COMMERCE FIVE, INC.
STREET ADDRESS 1610 TENNESSEE AVE.
CITY-ST-ZIP LYNNHAVEN FL 32444

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

M THOMAS

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Jean F. Tillman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/17/03 850-265-2880

Date

Daytime Phone #

CR2E003 (10/02)