

# 2000 UNIFORM BUSINESS REPORT (UBR)

17 APR 00

**DOCUMENT # A98000002091**  
 1. Entity Name  
**COMMERCIAL OWNERSHIP LTD.**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 00 APR 19 AM 11:43

Principal Place of Business  
**4104 - 20TH STREET WEST, ~~APT 100~~**  
**BRADENTON FL 34205**

Mailing Address  
**4104 - 20TH STREET WEST, ~~APT 100~~**  
**BRADENTON FL 34205-5001**



2. Principal Place of Business  
**4104 20TH STREET WEST**  
 Suite, Apt. #, etc.

3. Mailing Address  
**4104 20TH STREET WEST**  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
 Zip Country

City & State  
 Zip Country

4. FEI Number **65-0864518**  
 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**GOLDMAN, STANLEY**  
**4104 - 20TH STREET WEST, ~~APT 100~~**  
**BRADENTON FL 34205**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **\$1,510,684.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO 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

DOCUMENT #	P98000077908
NAME	COMMERCIAL OWNERSHIP CORP.
STREET ADDRESS	4104 - 20TH STREET WEST, <del>APT 100</del>
CITY - ST - ZIP	BRADENTON FL 34205
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	900003245179-2
CITY - ST - ZIP	-05/03/00--01110--002
STREET ADDRESS	***526-25 ***500-00
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	

CR2E003 (9/99)

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: *X Stanley Goldman*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*X 4/13/00 X 755-2661*  
 Date Daytime Phone #