

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000000391**

1. Entity Name

COMMERCE WAY, LTD.

FILED

00 MAY 22 PM 4: 20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
125 SOUTH SWOOPE AVENUE, SUITE 103  
MAITLAND FL 32751

Mailing Address  
125 SOUTH SWOOPE AVENUE, SUITE 103  
MAITLAND FL 32751-5784

2. Principal Place of Business  
**2300 - 2320 S. Airport P.O. BOX 940877**

3. Mailing Address  
**P.O. BOX 940877**

Suite, Apt. #, etc. **old** Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State **Sanford FL** City & State **Maitland Florida**

4. FEI Number  Applied For  
 Not Applicable

Zip **32771** Country **USA** Zip **32794-0877** Country **USA**

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

TATICH, PHILIP  
341 NORTH MAITLAND AVENUE, SUITE 340  
MAITLAND FL 32751

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

9. Capital Contributions as Shown on record. **\$288,000.00** 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                         |  | 13. ADDRESS CHANGES ONLY          |   |
|---|--|-----------------------------------|---|
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>L28451<br/>SDP INVESTMENTS, INC.<br/>125 SOUTH SWOOPE AVENUE, SUITE 103<br/>MAITLAND FL 32751</b> | STREET ADDRESS<br>CITY - ST - ZIP | <b>1605 King Arthur Circle<br/>Maitland, FL 32751</b>                   |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>L79712<br/>SOS REALTY CORP.<br/>125 SOUTH SWOOPE AVENUE, SUITE 103<br/>MAITLAND FL 32751</b>      | STREET ADDRESS<br>CITY - ST - ZIP | <b>1605 King Arthur Circle<br/>Maitland, FL 32751</b>                   |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>RED BAY PARTNERS, INC.<br/>117 RED BAY DRIVE<br/>LONGWOOD FL 32779</b>                            | STREET ADDRESS<br>CITY - ST - ZIP |   |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | STREET ADDRESS<br>CITY - ST - ZIP | <b>100003299221-5<br/>-05/21/00--01074--012<br/>***526.25 ***526.25</b> |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | STREET ADDRESS<br>CITY - ST - ZIP |   |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | STREET ADDRESS<br>CITY - ST - ZIP |   |

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: ~~SIGNATURE REQUIRED~~  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4/12/00** (407) 481-3711  
Date Daytime Phone #