

# 2001 UNIFORM BUSINESS REPORT (UBR)

0001731 AF

DOCUMENT # A99000000391

1. Entity Name

COMMERCE WAY, LTD.

Principal Place of Business

2300-2320 S. AIRPORT BLVD.  
SANFORD FL 32771

Mailing Address

P.O. BOX 940877  
MAITLAND FL 32794-0877

FILED

01 MAY -9 AM 11:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3603108

APPLIED FOR

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 # L28451  
NAME SDP INVESTMENTS, INC.  
STREET ADDRESS 1605 KING ARTHUR CIRCLE  
CITY-ST-ZIP MAITLAND FL 32751

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # L79712  
NAME SOS REALTY CORP.  
STREET ADDRESS 1605 KING ARTHUR CIRCLE  
CITY-ST-ZIP MAITLAND FL 32751

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME RED BAY PARTNERS, INC.  
STREET ADDRESS 117 RED BAY DRIVE  
CITY-ST-ZIP LONGWOOD FL 32779

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

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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

4/11/01 (407) 491-3711  
Date Daytime Phone #

CR2E003 (11/00)