

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0008079 AT

02 APR 22 PM 3:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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**

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, 2002

4. FEI Number **59-3603108**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

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.

9. Capital Contributions **\$288,000.00** as Shown on record.

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 #	L28451
NAME	SDP INVESTMENTS, INC.
STREET ADDRESS	1605 KING ARTHUR CIRCLE
CITY-ST-ZIP	MAITLAND FL 32751
DOCUMENT #	L79712
NAME	SOS REALTY CORP.
STREET ADDRESS	1605 KING ARTHUR CIRCLE
CITY-ST-ZIP	MAITLAND FL 32751
DOCUMENT #	RED BAY PARTNERS, INC.
NAME	117 RED BAY DRIVE
STREET ADDRESS	LONGWOOD FL 32779
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	
CITY-ST-ZIP	
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CITY-ST-ZIP	
STREET ADDRESS	
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: _____ **4/16/02 (407) 981-3711**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

CR2E003 (9/01)