

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0008199 AT

DOCUMENT # A99000000391

1. Entity Name
COMMERCE WAY, LTD.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 APR 14 PM 3:38



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

4. FEI Number 59-3603108

Applied For

Not Applicable

Zip

Country

Zip

Country

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

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 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 # 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

800015867518
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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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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: ~~SIGNATURE REQUIRED~~

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/12/03 (407) 702-3131

Date

Daytime Phone #

CR2E003 (10/02)