

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000002805

1. Entity Name

COMMERCIAL PROPERTY MANAGEMENT INC.

FILED

Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90010 027 ***150.00

Principal Place of Business

Mailing Address

7227 MAIDA LANE
SUITE 2-E
FT MYERS FL 33908

P.P. BOX 60564
FT. MYERS FL 33906-6564

00000409



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

725 Winkler Rd
Suite, Apt. #, etc.

SAME
Suite, Apt. #, etc.

STE. B-103
City & State

City & State

FT. Myers, FL.

Country

Zip

Country

33908

U.S.A.

6. Name and Address of Current Registered Agent

4. FEI Number 65-0501757

Applied For
Not Applicable

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

7. Name and Address of New Registered Agent

JAHN, VERDELLE
7227 MAIDA LANE
SUITE 2-E
FT MYERS FL 33908

Name
JAHN, VERDELLE
Street Address (P.O. Box Number is Not Acceptable)
6725 WINKLER RD.
STE. B-103
City
Fort Myers, FL
Zip Code
33908

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS.

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | JAHN, VERDELLE | |
| STREET ADDRESS | 7227 MAIDA LANE | |
| CITY-ST-ZIP | FT MYERS FL 33908 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|------------------------|--|
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 6725 Winkler Rd. B-103 | |
| CITY-ST-ZIP | FT. Myers, FL. 33908 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Verdelle Jahn*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-2000 94-481-7478
Date Daytime Phone #

CR2E034 (9/99)