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Apr 24, 2003 8:00 am
Secretary of State
04-24-2003 90244 016 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

20034384

DOCUMENT # F95000002805

1. Entity Name
COMMERCIAL PROPERTY MANAGEMENT INC.

Principal Place of Business
6725 WINKLER RD
STE B-103
FORT MYERS, FL 33919

Mailing Address
PO BOX 60564
FT MYERS, FL 33906

2. Principal Place of Business
5422 Harbour
Suite, Apt. #, etc.
Castle DR.
City & State
FT. Myers, FL.
Zip 33907
Country USA

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0501757 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
JAHN, VERDELLE G
6725 WINKLER RD
STE B-103
FORT MYERS, FL 33919

7. Name and Address of New Registered Agent
Name JAHN, Verdelle G.
Street Address (P.O. Box Number is Not Acceptable) 5422 Harbour Castle Dr.
Ft. Myers, FL
City FL Zip Code 33907

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 Verdelle G. Jahn 4-21-03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!! Fee is $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JAHN, VERDELLE 6725 WINKLER RD B-103 FORT MYERS, FL 33919	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JAHN, VERDELLE 5422 HARBOUR CASTLE DR. FT. MYERS, FL. 33907	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Verdelle Jahn 4/21/03 239-481-7478
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #