

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 11, 2002 8:00 am
Secretary of State

0805516 AT

DOCUMENT # **F97000003241**

1. Entity Name
COMMERCE BENEFITS GROUP AGENCY, INC.

08-11-2002 90173 036 ***550.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business 33479 LAKE RD. AVON LAKE OH 44012	Mailing Address 33479 LAKE RD. AVON LAKE OH 44012
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 34-1816804	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**MALONEY, JOHN J ESQ
 3663 CENTRAL AVENUE
 ST PETERSBURG FL 33713**

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 _____ (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, 2002 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

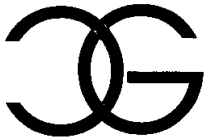
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **SIGNATURE REQUIRED** **THOMASINA B PATTON** **8/8/2002** **(440) 930-7500**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)



The Commerce Group

Commerce Benefits Group

Insurance Marketing Group

Attachments
676765
#F97000003241

August 8, 2002

Division of Corporations
UNIFORM BUSINESS REPORT
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Commerce Benefits Group Agency, Inc.

Dear Sir or Madam,

Pursuant to your request please find enclosed the completed 2002 Uniform Business Report for Commerce Benefits Group Agency, Inc.

In addition, I have enclosed a check in the amount of \$550.00 made payable to the Florida Secretary of State which includes \$150.00 for the filing fee and \$400.00 for the late fee.

If you have any questions regarding the enclosed please do not hesitate to contact me. I can be reached at (800) 223-9941 Ext. #204.

Best regards,

Steven W. Sosnowski
The Commerce Group

33479 Lake Road ■ Avon Lake, Ohio 44012

440-930-7500 ■ 800-223-9941

440-930-7501 (fax)