

2002 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **F97000003241**

1. Entity Name

COMMERCE BENEFITS GROUP AGENCY, INC.**FILED**
Aug 11, 2002 8:00 am
Secretary of State

08-11-2002 90173 036 ***550.00

0806516 AT

Principal Place of Business

**33479 LAKE RD.
AVON LAKE OH 44012**

Mailing Address

**33479 LAKE RD.
AVON LAKE OH 44012**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

34-1816804

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

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

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

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. 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

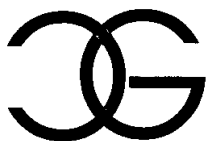
TITLE
NAME
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CITY-ST-ZIP**P
PATTON, THOMAS J
33479 LAKE RD.
AVON LAKE OH 44012**☐ DeleteTITLE
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CITY-ST-ZIP☐ Change ☐ AdditionTITLE
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CITY-ST-ZIP**ST
PATTON, THOMASINA B
33479 LAKE RD.
AVON LAKE OH 44012**☐ DeleteTITLE
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CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**8/8/2002**
Date**(440) 930-7500**
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)