## 2000 UNIFORM BUSINESS REPORT (UBR)

## Jan 14, 2000 8:00 am Secretary of State **DOCUMENT # H92227** 1. Entity Name COMMERCIAL DEVELOPMENT SERVICES, INC. 01-14-2000 90034 031 \*\*\*150.00 Mailing Address Principal Place of Business 1701 DESOTO RD. 1701 DESOTO RD. SARASOTA FL 34240-8412 SARASOTA FL 34234-3066 2. Principal Place of Business 3. Mailing Address 7015 Professional Pray. E 7015 Professional PKWY. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2636477 Not Applicable arasota Sarasota Zip \$8.75 Additional 5. Certificate of Status Desired )5 A Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent COX, JOHN J. Street Address (P.O. Box Number is Not Acceptable) 1701 DESOTO RD. 7015 Professional SARASOTA FL 34234 Zip Code 34240 nanging its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits the Signature, typed or printed (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. **PD5** PDS TITLE Change Addition □ Delete TITLE COX, JOHN COX, JOHN NAME NAME 7015 Professional PKWY. E. 1701 DESOTO ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL VPD ☐ Delete TITLE TITLE COX, JOHN J III Cox, John J. III NAME 7015 Professional PKWY, E. STREET ADDRESS 1701 DESOTO ROAD STREET ADDRESS CITY-ST-ZIP Sarasoto, FLORIDA 34240 CITY-ST-7IP SARASOTA FL TITLE \_ -. Delete-TITLE ... NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not could 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 supplemental to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

of the corporation or the receiver or truste changed, or on an attachment with an

SIGNATURE:

FILED