

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J53432

1. Entity Name

COMMERCIAL TROPICAL FLORIDA, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90184 037 ***150.00

Principal Place of Business

Mailing Address

% JOE L. SHARIT, JR
 99 SIXTH ST. S.W.
 WINTER HAVEN FL 33880

% JOE L. SHARIT, JR
 99 SIXTH ST. S.W.
 WINTER HAVEN FL 33880-7900

00001000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
COMMERCIAL TROPICAL FLORIDA, INC. 141 WEST CENTRAL #5
 Suite, Apt. #, etc. *5*
 City & State
 WINTER HAVEN
 Zip
 33880
 Country
 USA

3. Mailing Address
141 WEST CENTRAL
 Suite, Apt. #, etc. *5*
 City & State
 FL. SAME
 Zip
 Country

4. FEI Number **59-2764945** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 SHARIT, JOE L. JR
 99 SIXTH STREET S.W.
 WINTER HAVEN FL 33880

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, 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD CARLOS, JUAN JOSE 251 CRANDON BLVD KEY BISCAYNE FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHARIT, JOE L., JR. 99-6TH STREET, S.W. WINTER HAVEN FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HART, RICHARD A. 141 CENTRAL AVE. W. WINTER HAVEN FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 empowerments.

SIGNATURE: *[Signature]* DATE: *4/10/00* DAYTIME PHONE #: *863 299-7653*

CRZE034 (9/99)