

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 11, 2001 8:00 am
Secretary of State

05-11-2001 90096 013 ***150.00

CR81403

DOCUMENT # J53432

1. Entity Name

COMMERCIAL TROPICAL FLORIDA, INC.

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~~

2. Principal Place of Business

3. Mailing Address

141 WEST CENTRAL AVE

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

WINTER HAVEN

4. FEI Number **59-2764945**

Applied For

Not Applicable

Zip

Country

Zip

Country

33880

POLK

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

~~SHARIT, JOE L. JR.
 99 SIXTH STREET S.W.
 WINTER HAVEN FL 33880~~

Name

RICHARD A. HART

Street Address (P.O. Box Number is Not Acceptable)

141 WEST CENTRAL AVE.

5

City

WINTER HAVEN

FL

Zip Code

33880

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

Richard A. Hart

RICHARD A. HART

4/30/01

(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, 2001 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

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S & VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARD A. HART	
STREET ADDRESS	141 W. CENTRAL AVE.	
CITY-ST-ZIP	WINTER HAVEN FL, 33880	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Richard A. Hart S & VP.

(Signature and typed or printed name of signing officer or director)

4/30/01

Date

Daytime Phone #

(863) 299-7653

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE