

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90102 014 ***158.75

DOCUMENT # J66445
1. Entity Name
COMMERCIAL FINANCIAL INCORPORATED

Principal Place of Business
~~121 N OSCEOLA AVE~~
~~2ND FLOOR~~
CLEARWATER FL 33755
US

Mailing Address
~~121 N OSCEOLA AVE~~
~~2ND FLOOR~~
CLEARWATER FL 33755
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
900 Drew Street
Suite #1
Clearwater FL
33755
USA

3. Mailing Address
900 Drew Street
Suite #1
Clearwater, FL
33755
USA

4. FEI Number **59-2990082**
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
STAACK, JAMES A
~~121 N OSCEOLA AVE~~
~~2ND FLOOR~~
~~CLEARWATER FL 33755~~

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
900 Drew Street, Suite 1
City **CLEARWATER** **FL** **Zip Code** **33755**

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]* **JAMES A. STAACK** **01/16/02**
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 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	DP	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STAACK, JAMES A.		NAME		
STREET ADDRESS	121 N OSCEOLA AVE 2ND FLOOR		STREET ADDRESS	900 Drew Street	
CITY-ST-ZIP	CLEARWATER FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *[Signature]* **JAMES A. STAACK, PRES** **01/16/02 (727) 441-2635**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)