

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 29, 2002 8:00 am
Secretary of State

04-28-2002 90780 016 ***150.00

DOCUMENT # **K 36014**
1. Entity Name
COMMERCIAL MARKETING NETWORK, INC.
DBA SHANROCK BUILDING SUPPLY

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
180 E. DOUGLAS Rd.
Suite, Apt. #, etc.

3. Mailing Address
327 BROOKSIDE CT.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
OLDSMAR FL
Zip
34677
Country
PINELLAS

City & State
PALM HARBOR FL
Zip
34683
Country

4. FEI Number
59-2969252
Applied For
 Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name: **EDWARD J. KEANE**
Street Address (P.O. Box Number is Not Acceptable):
327 BROOKSIDE CT
City **PALM HARBOR** FL Zip Code **34683**

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)

January 1 - May 1 Fee is **\$150.00**.
After May 1, Fee is **\$550.00**.
Amended UBR is **\$61.25**
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 PRESIDENT	NAME EDWARD J. KEANE	TITLE	
STREET ADDRESS 327 BROOKSIDE CT.	CITY-ST-ZIP PALM HARBOR, FL 34683	STREET ADDRESS	
TITLE VIC PRESIDENT	NAME DAVID PAULEY	TITLE	
STREET ADDRESS 2598 GARY CIRCLE	CITY-ST-ZIP DUNEDIN, FL 34698	STREET ADDRESS	
TITLE SECRETARY	NAME BRIDGET A. CONN.	TITLE	
STREET ADDRESS 327 BROOKSIDE CT.	CITY-ST-ZIP PALM HARBOR, FL 34683	STREET ADDRESS	
TITLE	NAME	TITLE	
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	
TITLE	NAME	TITLE	
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	
TITLE	NAME	TITLE	
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Edward J. Keane** **EDWARD J. KEANE** 4/14/02 83
855-2465
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)