

**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.

City & State  
**OLDSMAR FL**

City & State  
**PALM HARBOR FL**

Zip  
**34677** Country  
**FLORIDA**

Zip  
**34683** Country  
**FLORIDA**

4. FEI Number  
**59-2969252**

Applied For  
 Not Applicable

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

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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 <b>PRESIDENT</b>	NAME <b>EDWARD J. KEANE</b>	TITLE	
STREET ADDRESS <b>327 BROOKSIDE CT.</b>	CITY-ST-ZIP <b>PALM HARBOR, FL 34683</b>	STREET ADDRESS	
TITLE <b>VIC PRESIDENT</b>	NAME <b>DAVID PAULEY</b>	TITLE	
STREET ADDRESS <b>2598 GARY CIRCLE</b>	CITY-ST-ZIP <b>DUNEDIN, FL 34698</b>	STREET ADDRESS	
TITLE <b>SECRETARY</b>	NAME <b>BRIDGET A. CONN.</b>	TITLE	
STREET ADDRESS <b>327 BROOKSIDE CT.</b>	CITY-ST-ZIP <b>PALM HARBOR, FL 34683</b>	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)