

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 09, 2001 8:00 am
Secretary of State

02-09-2001 90215 045 ***150.00

DOCUMENT # L78267

1. Entity Name

COMMONWEALTH MORTGAGE CORPORATION

Principal Place of Business

Mailing Address

~~2124 N TAMINMI TRAIL~~
~~STE 204~~
~~SARASOTA FL 34234~~
~~US~~

P. O. BOX 2676
 SARASOTA FL 34230
 US

00015919



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1444 First Street
 Suite, Apt. #, etc. **Ste A**

Suite, Apt. #, etc.

City & State **Sarasota FL**

City & State

4. FEI Number **65-0205225**

Applied For
 Not Applicable

Zip **34236**

Country **US**

Zip

Country

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

LEMONIADES, CHRIS
~~2124 N TAMIANU TRAIL~~
~~STE 204~~
~~SARASOTA FL 34234~~

Name **Chris Lemoniades**
 Street Address (P.O. Box Number is Not Acceptable)
1444 First Street
Ste A
 City **Sarasota FL** Zip Code **34236**

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 **Chris Lemoniades Pres.**

Chris Lemoniades **2/6/01**

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 NAME STREET ADDRESS CITY-ST-ZIP	PVT LEMONIADES, CHRIS 513 49TH ST E BRADENTON FL 34208	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEMONIADES, CHRIS 513 49TH ST E BRADENTON FL 34208	<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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Chris Lemoniades Pres. **2/6/01** **(941) 365-4635**

Date

Daytime Phone #

CR2E034 (10/00)