

2001 UNIFORM BUSINESS REPORT (UBR)

0019034 AF

DOCUMENT # **L98000001659**

1. Entity Name

COMMERCIAL PARK, L.C.

Principal Place of Business

**11601 66TH STREET NORTH
LARGO FL 33733**

Mailing Address

**11601 66TH STREET NORTH
LARGO FL 33733**

2. Principal Place of Business

3. Mailing Address

223 Monroe St

Suite, Apt. #, etc.

City & State

Dunedin FL

Zip

34698

Country

Suite, Apt. #, etc.

Dunedin

City & State

FL

Zip

34698

Country

4. FEI Number

59-3533884

- Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

FILED
2001 APR 23 PM 2:10
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



6. Name and Address of Current Registered Agent

**LANE, DIANN M
5685 109TH AVENUE NORTH
PINELLAS PARK FL 34666**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **LANE, DIANN M**
CITY-ST-ZIP **5685 109TH AVENUE NORTH
PINELLAS PARK FL 34666**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

4-12-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)