

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90388 015 ****85.00

DOCUMENT # L98000001659

1. Entity Name

COMMERCIAL PARK, L.C.

DO NOT WRITE IN THIS SPACE

955836

2. Principal Place of Business

1008 1/2 DREW ST

Suite, Apt. #, etc.

3. Mailing Address

1008 1/2 DREW ST

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

CLEARWATER FL

Zip

33755

Country

City & State

CLEARWATER FL

Zip

33755

Country

4. FEI Number

59-3533884

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name G. T. MAYER

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

1008 1/2 DREW ST.

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

G. T. Mayer

Signature, typed or printed name of registered agent and title if applicable.

4/28/2002

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MANAGER
G. T. MAYER
1008 1/2 DREW ST.

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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**DO NOT WRITE
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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:

G. T. Mayer

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

4/28/2002

Date

Daytime Phone #

CR2E083B (12/01)