

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000005977

1. Entity Name

COMMERCE ROAD REALTY COMPANY LIMITED LIABILITY C

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 FEB -8 PM 4:53



Principal Place of Business

10300 PRESTWICK ROAD  
BOYNTON BEACH FL 33436

Mailing Address

10300 PRESTWICK ROAD  
BOYNTON BEACH FL 33436

2. Principal Place of Business

170 COMMERCE ROAD

Suite, Apt. #, etc.

UNIT #1

3. Mailing Address

Suite, Apt. #, etc.

City & State

BOYNTON BEACH, FL.

Zip 33426-9364 Country U.S.A.

4. FEI Number

DO NOT WRITE IN THIS SPACE

65-0951368

APPLIED FOR

MJH

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SWILLEY, TIMOTHY W  
10300 PRESTWICK ROAD  
BOYNTON BEACH FL 33436

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

800003675528--0  
-02/13/01--01007--009  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

TITLE MGRM  
NAME SWILLEY, TIMOTHY W  
STREET ADDRESS 10300 PRESTWICK ROAD  
CITY-ST-ZIP BOYNTON BEACH FL 33436 ☐ Delete

TITLE MGRM  
NAME CLARK, JAMES K  
STREET ADDRESS 7065 OAKSHIRE COURT  
CITY-ST-ZIP LAKE WORTH FL 33467 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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

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 OF TIMOTHY W SWILLEY

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

Date

Daytime Phone #

2-6-2001 561-273-0535

CR2E083 (11/00)