

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M96373

1. Entity Name

COMMERCE CENTRAL, INC.

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90010 047 ***150.00

0358455

Principal Place of Business

% JOHN S. BURNETT
166 20TH AVE. S.E.
ST PETERSBURG FL 33705

Mailing Address

% JOHN S. BURNETT
166 20TH AVE. S.E.
ST PETERSBURG FL 33705

754056



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

215 W. Verne Street
Suite, Apt. #, etc.
Suite B

3. Mailing Address

215 W. Verne Street
Suite, Apt. #, etc.
Suite B

City & State

Tampa, FL

City & State

Tampa, FL

4. FEI Number

59-2907254

Applied For

Not Applicable

Zip

33606

Country

Hillsborough

Zip

33606

Country

Hillsborough

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

6. Name and Address of Current Registered Agent

BURNETT, JOHN S.
166 20TH AVE. SE
ST PETERSBURG FL 33705

7. Name and Address of New Registered Agent

Name
John S. Burnett
Street Address (P.O. Box Number is Not Acceptable)
215 W. Verne Street
Suite B
City
Tampa FL Zip Code
33606

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

4/24/01

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BURNETT, JOHN S. 215 W VERNE STREET TAMPA FL 33606	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S/T/D John S. Burnett 215 W. Verne St., Suite B Tampa, FL 33606-2332	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Aminie Mohip 215 W. Verne St., Suite B Tampa, FL 33606-2332	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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
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 the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/01

Date

(813) 250-9619

Daytime Phone #

CR2E034 (10/00)