2002 UNIFORM BUSINESS REPORT (UBR)

May 07, 2002 8:00 am Secretary of State DOCUMENT # M96373 1. Entity Name 05-07-2002 90214 044 ***150.00 COMMERCE CENTRAL, INC. Principal Place of Business Mailing Address 215 W VERNE STREET 215 W VERNE STREET SUITE B SUITE B TAMPA FL 33606 TAMPA FL 33606 2. Principal Place of Business 3. Mailing Address Bayfront Tower Bayfront Tower Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Beach Drive <u>Beach Drive s</u> City & State City & State 4. FEI Number Applied For 59-2907254 Petersburg Petersburg Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 33701 Pinellas Fee Required Pinellas 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BURNETT, JOHN S. Street Address (P.O. Box Number is Not Acceptable) × 216 WK VERME STREET Bayfront Tower SMREB 1 Beach Drive S.E. TAMPA flx 33606 St. Petersburg, F1 33701 City Zip Code Fl 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (9/01) Change ☐ Addition TITLE **PSTD** ☐ Delete NAME BURNETT, JOHN S 1 Beach Dr. S.E. 140F1 STREET ADDRESS **21%₩%ØNR\$₩₡₡%%₩**₽₿ Bayfront Towe CITY-ST-ZIP TAMRANTLANDOKANA St. Petersburg, F1 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS NAME MOHIP, AMINIE 1 Beach Dr. S.E. #10 24X W XVERNE SHREETX STIRE Bayfront Towe LAMPAYE X3586-2332 St. Petersburg, Fl STREET ADDRESS CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Defete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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:

FILED