

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000001575

1. Entity Name

COMMERCE LIMITED LIABILITY COMPANY OF OHIO

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB -1 PM 4:18

Principal Place of Business

6745 ENGLE ROAD, SUITE 300  
MIDDLEBURG HEIGHTS OH 44130

Mailing Address

6745 ENGLE ROAD, SUITE 300  
MIDDLEBURG HEIGHTS OH 44130-7993

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

34-1843024

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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 MGR  
NAME AMSDELL, TODD C  
STREET ADDRESS 6745 ENGLE ROAD, SUITE 300  
CITY- ST- ZIP MIDDLEBURG HEIGHTS OH 44130

TITLE MGR  
NAME HURTUK, BRIAN A  
STREET ADDRESS 6745 ENGLE ROAD, SUITE 300  
CITY- ST- ZIP MIDDLEBURG HEIGHTS OH 44130

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10. ADDITIONS / CHANGES

TITLE  
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STREET ADDRESS  
CITY- ST- ZIP

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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.

COMMERCE LIMITED LIABILITY COMPANY OF OHIO

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER  
Todd C. Amsdell, Manager

Date

Daytime Phone #

1/28/00

440-234-0700