

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 18, 2003 8:00 am
Secretary of State

08-18-2003 90171 007 ***550.00

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DOCUMENT # P00000073782

1. Entity Name
COMMERCIAL REAL ESTATE PROPERTY, INC.



Principal Place of Business
**5063 LISDON CIR
STUART FL 34997**

Mailing Address
**5063 LISDON CIR
STUART FL 34997**



2. Principal Place of Business
509 RIVERPOINT DR., N.
Suite, Apt. #, etc.

3. Mailing Address
509 RIVERPOINT DR., N.
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
STUART, FL
Zip
34994

City & State
STUART FL
Zip
34994

4. FEI Number
65-1032060

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FHS CORPORATE SERVICES, INC.
450 ROYAL PALM WAY
6TH FLOOR
PALM BEACH FL 33480

7. Name and Address of New Registered Agent

Name
DRENNEN L. WHITMIRE, ESQUIRE
Street Address (P.O. Box Number is Not Acceptable)
11780 U.S. Highway One,
Suite 300
City
NORTH PALM BEACH FL Zip Code
33408

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **DRENNEN L. WHITMIRE, ESQUIRE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003. Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRAY, BEVERLEY A 5063 LISDON CIR STUART FL 34997	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	509 RIVERPOINT DR STUART, FL 34994	<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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Beverly A. Bray**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/17/03 **772-285-7855**
Date Daytime Phone #

CR2E034 (10/02)