

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90192 012 \*\*\*158.75

DOCUMENT # P01000014984

1. Entity Name

Commercial Funding Group Inc

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

2896 Pinehurst Avenue

3. Mailing Address

2896 Pinehurst Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Belleair Bluffs, FL

City & State

Belleair Bluffs, FL

4. FEI Number

59-3699900

Applied For

Not Applicable

Zip

33770-1726

Country

USA

Zip

33770-1726

Country

USA

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Sandra L. Sells

Street Address (P.O. Box Number is Not Acceptable)

2896 Pinehurst Avenue

City

Belleair Bluffs, FL

**FL**

Zip Code

33770-1726

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
(See criteria on back)

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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: DVS  
NAME: Sandra L Sells  
STREET ADDRESS: 2896 Pinehurst Avenue  
CITY - ST - ZIP: Belleair Bluffs, FL 33770-1726

TITLE:  
NAME:  
STREET ADDRESS:  
CITY - ST - ZIP:

TITLE: DPT  
NAME: Gene Sells  
STREET ADDRESS: 2896 Pinehurst Avenue  
CITY - ST - ZIP: Belleair Bluffs, FL 33770-1726

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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Gene Sells

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone #

727-585-9404

4/2/02