

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

9/10/2003-90049-030-\$150.00-\$150.00

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

DOCUMENT # P02000046837			
1. Entity Name CENTRAL COMMERCE FOUNDATION, INC			
Principal Place of Business 7927 MONARCH CT DELRAY BEACH FL 33446		Mailing Address 7927 MONARCH CT DELRAY BEACH FL 33446	
2. Principal Place of Business 6272 GRAND CYPRESS CL		3. Mailing Address 6272 GRAND CYPRESS CL	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State LAKE WORTH FL		City & State LAKE WORTH FL	
Zip 33463	Country USA	Zip 33463	Country USA
6. Name and Address of Current Registered Agent LIND, STAFFAN K 7927 MONARCH CT DELRAY BEACH FL 33446		7. Name and Address of New Registered Agent Name: LIND, STAFFAN K Street Address (P.O. Box Number is Not Acceptable): 6272 GRAND CYPRESS CL City: LAKE WORTH FL Zip Code: 33463	
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: <u>Staffan K Lind</u> STAFFAN K LIND, PRESIDENT 9/07/2003 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LIND, STAFFAN K 7927 MONARCH CT DELRAY BEACH FL 33446 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LIND, STAFFAN K 6272 GRAND CYPRESS CL LAKE WORTH FL 33463 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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: <u>Staffan K Lind</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		9/07/2003 (561) 704 2640 <small>Date Daytime Phone #</small>	

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CR2E034 (4/03)

Attachment

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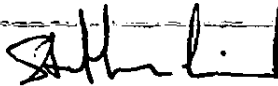
P02000046837

DIVISION OF CORPORATIONS
P.O. BOX 1500
TALLAHASSEE, FL 32302-1500

RE: UNIFORM BUSINESS REPORT FILING P02000046837

Since we did not receive any filing instructions before the original date May 1, 2003 and since this is the first time I am filing a Uniform Business Report, I hereby request to be allowed to pay only the original fee of 1 \$150.00.

Sincerely,



Staffan K Lind
President

Central Commerce Foundation Inc.
6272 Grand Cypress Circle
Lake Worth, FL 33463

Phone: (561) 704 2640