

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000073625

1. Entity Name

THE COMMERCIAL GUIDE, INC.

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90080 047 \*\*\*150.00

Principal Place of Business

15250 S US HWY 41  
SUITE 16  
FT MYERS FL 33908-4225

Mailing Address

15250 S US HWY 41  
SUITE 16  
FT MYERS FL 33908-7223

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0525098

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SORGI, J. R.  
15250 S US HWY 41  
SUITE 16  
FORT MYERS FL 33908-4225

7 CHANGE  
ADDRESS  
ONLY

Name

SORGI, J. R.

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

1620 MEDICAL CENTER #122

City

FT MYERS

FL

Zip Code

33907

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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	C	<input type="checkbox"/> Delete
NAME	SORGI, JOSEPH	
STREET ADDRESS	15250 S U.S HWY 41 SUITE 16	
CITY-ST-ZIP	FT MYERS FL 33908-4225	
TITLE	C	<input type="checkbox"/> Delete
NAME	LETENDRE, NORMAN	
STREET ADDRESS	15250 S US HWY 41 SUITE 16	
CITY-ST-ZIP	FT MYERS FL 33908-4225	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/00

Date

278-4099

Daytime Phone #

CR2E034 (9/99)