


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2003 8:00 am**  
**Secretary of State**

02-07-2003 90084 022 \*\*\*150.00

<b>DOCUMENT #</b> P94000005914	
1. Entity Name <b>COMMERCIAL INVESTMENT PROPERTIES, INC.</b>	

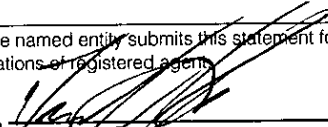
Principal Place of Business <del>1100 COMMERCIAL BLVD</del> <del>#118</del> <del>NAPLES FL 34104</del>	Mailing Address <del>1100 COMMERCIAL BLVD</del> <del>#118</del> <del>NAPLES FL 34104</del>
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2. Principal Place of Business <b>3073 SOUTH HORSESHOE DRIVE</b> Suite, Apt. #, etc. <b>SUITE 118</b> <b>NAPLES, FLORIDA 34104</b>	3. Mailing Address <b>3073 SOUTH HORSESHOE DRIVE</b> Suite, Apt. #, etc. <b>SUITE 118</b> <b>NAPLES, FLORIDA 34104</b>
City & State	City & State
Zip	Country

<input type="checkbox"/> CHECK HERE IF MAKING CHANGES	
4. FEI Number <b>65-0473324</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>ARNOLD, DEAN A</b> <b>1100 COMMERCIAL BLVD</b> <b>#118</b> <b>NAPLES FL 34104</b>	
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7. Name and Address of New Registered Agent Name Street Address <b>3073 SOUTH HORSESHOE DRIVE</b> <b>SUITE 118</b> City <b>NAPLES, FLORIDA 34104</b> <b>FL</b> Zip Code	
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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 	DATE <b>2/5/03</b>

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2003 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>D</b> <b>ARNOLD, DEAN A</b> <b>1100 COMMERCIAL BLVD #118</b> <b>NAPLES FL 34104</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>D.</b> <b>ARNOLD, Donald L.</b> <b>3073 SOUTH HORSESHOE DRIVE #118</b> <b>Naples, FL 34104</b>
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3073 SOUTH HORSESHOE DRIVE</b> <b>SUITE 118</b> <b>NAPLES, FLORIDA 34104</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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
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

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.	
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SIGNATURE: 	<b>DATE REQUIRED</b>	<b>2/5/03</b>	<b>239-643-6333</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

CR2E034 (10/02)