

DOCUMENT # P94000048522

1. Entity Name

VIEWPOINT COMMERCIAL REALTY, INC.



Principal Place of Business

645 BAY WAY BLVD
CLEARWATER BEACH FL 33767

Mailing Address

645 BAY WAY BLVD
SUITE 210
CLEARWATER BEACH FL 33767

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3252324

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

GILLIS, RODERICK J III
108 POINCIANA LANE
LARGO FL 33770

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when constituting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:

TITLE	PTD	<input type="checkbox"/> Delete
NAME	GILLIS, RODERICK J	
STREET ADDRESS	108 POINCIANA LANE	
CITY- ST- ZIP	BELLEAIR BLUFFS FL 33770	

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

U00000652993
03/13/07-80002-018 150.00

TITLE	VSD	<input type="checkbox"/> Delete
NAME	GILLIS, GEORGETTE L	
STREET ADDRESS	108 POINCIANA LANE	
CITY- ST- ZIP	BELLEAIR BLUFFS FL 33770	

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

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS	
CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

SIGNATURE AND TYPED OR PRINTED NAME

FILED
Mar 01, 2007 08:00 AM
Secretary of State

1st MOORE

CR2E034 (10/06)