

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90128 005 ***150.00

DOCUMENT # P96000024984

1. Entity Name
COMMERCIAL CORP.

Principal Place of Business 1612 HUNTINGTON PLACE SAFETY HARBOR FL 34695 US	Mailing Address 1612 HUNTINGTON PLACE SAFETY HARBOR FL 34695-5233 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 304 Buttonwood Lane	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Largo FL	City & State	4. FEI Number 59-3377966	Applied For <input type="checkbox"/> Not Applicable
Zip 33771	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PFRENGLE, KENNETH 1612 HUNTINGTON PLACE SAFETY HARBOR FL 34695		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 304 Buttonwood Ln City Largo FL Zip Code 33770	
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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.

SIGNATURE _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	D PFRENGLE, KENNETH 1612 HUNTINGTON PLACE SAFETY HARBOR FL 34695	TITLE NAME STREET ADDRESS CITY-ST-ZIP	304 Buttonwood Ln Largo FL 33770
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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9. 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 _____ Date _____ Daytime Phone # _____