

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90067 001 ***600.00

DOCUMENT # P96000093190

1. Entity Name

COMMERCIAL SALES, INC.

Principal Place of Business

**3990 NORTH ANDREWS AVENUE
 FORT LAUDERDALE FL 33309**

Mailing Address

**3990 NORTH ANDREWS AVENUE
 FORT LAUDERDALE FL 33309**

24876



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1100 SW 75 AVE

3. Mailing Address

1100 SW 75 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PLANTATION, FL

City & State

PLANTATION, FL

4. FEI Number

65-0728005

Applied For

Not Applicable

Zip

33317

Country

USA

Zip

33317

Country

USA

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

MCLANE, WOODROW P

**3990 NORTH ANDREWS AVENUE
 FORT LAUDERDALE FL 33309**

Name

MCLANE, WOODROW P.

Street Address, P.O. Box Number, Not Applicable

1100 SW 75 AVE

City

PLANTATION

FL

33317

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

W. P. McLane **W. P. McLane** **DR.** **W. P. McLane** **01/29/01**

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, 2001 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 **D** ☐ Delete
 NAME **MCLANE, WOODROW P**
 STREET ADDRESS **3990 NORTH ANDREWS AVENUE**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33309**

TITLE ☒ Change ☐ Addition
 NAME **1100 SW 75 AVE**
 STREET ADDRESS **PLANTATION, FL 33317**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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:

W. P. McLane **W. P. McLane**

Date

1/29/01

Daytime Phone #

(954) 792-0359

CR2E034 (10/00)