

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2002 8:00 am**  
**Secretary of State**

02-13-2002 90225 043 \*\*\*158.75

**DOCUMENT # P96000093190**

**1. Entity Name**  
**COMMERCIAL SALES, INC.**

**Principal Place of Business**

**1100 SW 75 AVE**  
**PLANTATION FL 33317**  
**US**

**Mailing Address**

**1100 SW 75 AVE**  
**PLANTATION FL 33317**  
**US**

**2. Principal Place of Business**

**7366 NW 5 ST.**  
 Suite, Apt. #, etc.

**3. Mailing Address**

**7366 NW 5 ST.**  
 Suite, Apt. #, etc.

**City & State**

**Plantation, FL**

**City & State**

**Plantation, FL**

**4. FEI Number**

**65-0728005**

**Applied For**

**Not Applicable**

**Zip**

**Country**

**33317**

**USA**

**Zip**

**Country**

**33317**

**USA**

**5. Certificate of Status Desired**

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**MCLANE, WOODROW P**  
**1100 SW 75 AVE**  
**PLANTATION FL 33317**

**7. Name and Address of New Registered Agent**

**Name Rhonda McLane**

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

**7366 NW 5 ST.**

**City Plantation**

**FL**

**Zip Code**

**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** Rhonda McLane R. McL - 1/8/02  
 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, 2002 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**

<b>TITLE</b>	<b>D</b>	<input checked="" type="checkbox"/> Delete
<b>NAME</b>	<b>MCLANE, WOODROW P</b>	
<b>STREET ADDRESS</b>	<b>1100 SW 75 AVENUE</b>	
<b>CITY-ST-ZIP</b>	<b>PLANTATION FL 33317</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<b>D, P, S</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	<b>Rhonda McLane</b>	
<b>STREET ADDRESS</b>	<b>7366 NW 5 ST.</b>	
<b>CITY-ST-ZIP</b>	<b>Plantation, FL 33317</b>	
<b>TITLE</b>	<b>D, VP, T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	<b>Jon McLane</b>	
<b>STREET ADDRESS</b>	<b>7366 NW 5 ST.</b>	
<b>CITY-ST-ZIP</b>	<b>Plantation, FL 33317</b>	
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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:** Rhonda McLane R. McL - 1/8/02 954-584-5600  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

025456

CR2E034 (9/01)