2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P97000019228

1. Entity Name

COMMERCE FINANCIAL CORPORATION



FILED Feb 03, 2003 8:00 am Secretary of State

02-03-2003 90437 001 ***450.00

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2221 LEE RO SUITE 22 WINTER PARI	K FL 32789	Mailing Address 2221 LEE ROAD SUITE 22 WINTER PARK FL 3278	9							
2. Principal I	Place of Business	3. Mailing Address				E##0 ##0 E 0 0 F 0	1814F 8 8 1 8 1 1 1 1	/is		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State		City & State			4.	FEI Number 59-3443565		<u> </u>	Applied For	
Zip	Country	Zip	Cour	ntry	5.	Certificate of Status Desired		\$ 8.75 A		
6. Name and Address of Current Registered Agent					7.	Name and Address of New Reg			red .	
TUOMA	DOWN			Name						
	BRYAN M		Street Address		ess (P.O. E	Box Number is Not Acceptable)				
STE 22										
WINTER F	'ARK FL 32789									
				City		, w.c	FL	Zip Co	de	
8. The above	named entity submits this statement for	or the purpose of changing	its register	ed office or reg	istered ag	ent, or both, in the State of Floric	la. I am fa	ımiliar with	n, and accept	
ine obligat	lions of registered agent.									
SIGNATURE										
	Signature, typed or printed name of registered agent	t and title if applicable. (No	OTE: Registere	d Agent signature rec	quired when re	einstating)	DATE			
Afte Make Check	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department o	of State				Election Campaign Finan Trust Fund Contribution.	cing		00 May Be ed to Fees	
10.	OFFICERS AND	DIRECTORS	11.		ÄĊ	DITIONS/CHANGES TO OFFICE	RS AND	DIRECTO	RS IN 11	
TITLE NAME	DP THOMAS, BRYAN M	☐ Delete	TITL					Change	Addition	
STREET ADDRESS	OCCUPED DE CTE CO		NAM							
CITY-ST-ZIP	MARTED DADIC EL AGRAD			ET ADORESS -ST-ZIP						
TITLE	\$	□ Delete	TITLE				 -			
NAME	BIANCO, THOMAS	□ Delete	NAM	·				Change	☐ Addition	
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NAME	ANDREWS, PATRICIA		NAM	E			•			
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CITY-ST-ZIP	WINTER PARK FL 32789		CITY	-ST-ZIP						
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NAME		L., Deiele	NAME				L	Change	Addition	
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CITY-ST-ZIP			CITY-	ST-ZIP						
I2. Thereby c	ertify that the information supplied with	this filing does not qualify to	or the exer	notion stated in	Section 1	19 07(3)(i) Florida Statutes I fur	thor cortifi	that the	nformation	

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 revewer 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 attach page with an address, with all their like empowered.

TYPED OR PRINTED NAME OF SIGNING OFFICER

SIGNATURE;