

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P 97000043058

1. Entity Name

CORE COMMERCE, INC.

FILED

Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90149 009 ***150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1800 SECOND STREET

Suite, Apt. #, etc.

SUITE 971

City & State

SARASOTA FL

Zip

34236

Country

USA

3. Mailing Address

CORE COMMERCE, INC.

Suite, Apt. #, etc.

P.O. BOX 1456

City & State

SARASOTA FL

Zip

34230

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0752891

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

McGINNESS, W. LEE

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

1800 SECOND STREET

SUITE 971

City

SARASOTA

FL

Zip Code

34236

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IN THIS SPACE**

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

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE	P
NAME	MCINTOSH, JAMES D.
STREET ADDRESS	740 4TH STREET
CITY-ST-ZIP	SARASOTA FL 34234-4524
TITLE	VP
NAME	MCINTOSH, R. JOY
STREET ADDRESS	740 4TH STREET
CITY-ST-ZIP	SARASOTA FL 34234-4524
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  JAMES D. MCINTOSH P 4/16/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #