

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90337 029 ***150.00

0457803 AV

DOCUMENT # P97000097409

1. Entity Name

FIRST COMMERCIAL MANAGEMENT, INC.

Principal Place of Business

**13451 MCGREGOR BLVD
 SUITE 31
 FT MYERS FL 33919
 US**

Mailing Address

**13451 MCGREGOR BLVD
 SUITE 31
 FT MYERS FL 33919
 US**

2. Principal Place of Business

**15065 McGregor Blvd.
 Suite Apt. #, etc.
 Unit #104**

3. Mailing Address

**15065 McGregor Blvd.
 Suite Apt. #, etc.
 Unit #104**

City & State

FT. Myers, FL

City & State

FT. Myers, FL

Zip

33908

Country

USA

Zip

33908

Country

USA

4. FEI Number

59-3479231

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**WILLIAMS, THOMAS A
 13451 MCGREGOR BLVD
 SUITE 31
 FT MYERS FL 33919**

7. Name and Address of New Registered Agent

**Name: Thomas A. Williams
 Street Address (P.O. Box Number is Not Acceptable):
 15065 McGregor Blvd., Unit #104
 City: Ft. Myers FL Zip Code: 33908**

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

Thomas A. Williams

(NOTE: Registered Agent signature required when reinstating)

05-01-02

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

**TITLE: STD
 NAME: WILLIAMS, THOMAS A
 STREET ADDRESS: 13451 MCGREGOR BLVD #31
 CITY-ST-ZIP: FT MYERS FL 33919** ☐ Delete

**TITLE: PD
 NAME: BARTELS, DONALD J
 STREET ADDRESS: 13451 MCGREGOR BLVD #31
 CITY-ST-ZIP: FT MYERS FL 33919** ☒ Delete

**TITLE: ☒ Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:**

**TITLE: ☐ Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:**

**TITLE: ☐ Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:**

**TITLE: ☐ Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

**TITLE: President, S.D.
 NAME: Thomas A. Williams
 STREET ADDRESS: 15065 McGregor Blvd., Unit #104
 CITY-ST-ZIP:** ☒ Change ☐ Addition

**TITLE: ☒ Change ☒ Addition
 NAME: Thomas D. Johnson
 STREET ADDRESS: 15065 McGregor Blvd., Unit #104
 CITY-ST-ZIP: Ft. Myers, FL 33908**

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

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

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

**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:

Thomas A. Williams **THOMAS A. Williams** **05-01-02** **239-466-5420**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)