

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2003 8:00 am
Secretary of State

06-02-2003 90197 027 ***150.00

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1. Entity Name

COMMONWEALTH HOLDINGS INTERNATIONAL LTD., INC.



Principal Place of Business

**1702 RINGLING BLVD
SARASOTA FL 34236**

Mailing Address

**1702 RINGLING BLVD
SARASOTA FL 34236**

2. Principal Place of Business

5370 CLARK RD

3. Mailing Address

5370 CLARK RD

Suite, Apt. #, etc.

SUITE A #111

Suite, Apt. #, etc.

SUITE A #111

City & State

SARASOTA FL

City & State

SARASOTA FL

Zip

34233

Country

Zip

34233

Country

4. FEI Number

65-0800951

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HAMILTON, JOSEPH
1702 RINGLING BLVD
SARASOTA FL 34236**

7. Name and Address of New Registered Agent

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

5370 CLARK RD, SUITE A #111

City **SARASOTA**

FL

Zip Code **34233**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **SMITH, BARBARA K**
STREET ADDRESS **6969 SOUTH TAMiami TRAIL**
CITY-ST-ZIP **SARASOTA FL 34231**

TITLE **VP** ☐ Delete
NAME **KELLY, DAVID**
STREET ADDRESS **1702 RINGLING BLVD**
CITY-ST-ZIP **SARASOTA FL 34236**

TITLE **PRESIDENT** ☐ Delete
NAME **Joseph A HAMILTON**
STREET ADDRESS **5370 CLARK Rd.**
CITY-ST-ZIP **SARASOTA FL 34233**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

04-25-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)