2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

Principal Place of Business

P98000070745

Mailing Address

1. Entity Name

FIRST FLORIDA COMMERCIAL PROPERTIES, INC.



FILED Mar 24, 2003 8:00 am § Secretary of State

03-24-2003 90644 049 ***150.00

C/O DENHOLTZ ASSOCIATES 337 EAST INDIANTOWN RD. SUITE 8 JUPITER FL 33477 2. Principal Place of Business		C/O DENHOLTZ ASSOCIATES 337 EAST INDIANTOWN RD. SUITE 8 JUPITER FL 33477 3. Mailing Address									
Suite, Apt. #, etc.		580 Village Blvd. Suite, Apt. #, etc.			ļ						
		Suite # 300			CHECK HERE IF MAKING CHANGES						
City & State		City & State			4. FEI Number CF 0000040 Applied For						
Zip	Country	West-Palm Beac		109-		F 15.5	65-086361	? 		Not Applicable	
2,6	Country	^{Zip} 33409	Country U.S.A	İ	5 . Ce	rtificate of	Status Desired		\$8.75 A	dditional	
	6. Name and Address of Current R					Fee Required 7. Name and Address of New Registered Agent					
DENHOLTZ, STEWARD F 337 E. INDIANTOWN RD SUITE 8 JUPITER FL 33477			580								
JOFFIER	FL 33477	ů	City	Palm			_	FI	Zip Co	de 409	
8. The abov	e named entity submits this statement for the	egistered office of	r registere	o <i>De</i> ed agent	or both	in the State of FI	lorida Lam	familiar with	409		
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											
Afte	er May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of S			<u></u> .		Trust	on Campaign Fi Fund Contributio	on, [Adde	00 May Be d to Fees	
TITLE	OFFICERS AND DII		11.	 -	ADDIT	IONS/CH	IANGES TO OFF	ICERS ANI	D DIRECTOR	S IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	DENHOLTZ, JACK W 337 E INDIANTOWN R STE.,#8 JUPITER FL 33477	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	580 West	Village <i>Palm</i>	Blvd. Beach	- Suik # :	20 0	☐ Change	☐ Addition	
TITLE	PD	☐ Delete	TITLE		-		.z <u>. </u>	<u> </u>	☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	DENHOLTZ, STEWARD 337 E: INDIANTOWN RD STE:,#8 JUPITER FL 33477		NAME _STREET ADDRESS CITY-ST-ZIP	580 V West	lillage Italm	BWd. Beach .	- Suite # pc 3340	300 9	·		
NAME STREET ADDRESS CITY-ST-ZIP	SD MCNAMARA, COLLEN J 337 E. INDIANTOWN RD STE.,#8 - JUPITER FL 33477	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	580	Village	Blvd.	- Suite #	300	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	;	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		,,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		☐ Change	☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					***************************************	Change	Addition	

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

SIGNATURE:

SIGNATURE DECLIRE Stewart F. Denholtz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

581 242 0100

Daytime Phone #

CR2E034 (10/02)