

FILED

Jun 03, 2003 8:00 am
Secretary of State

04-28-2003 90481 021 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000089387

1. Entity Name
477 COMMERCE WAY, INC.



Principal Place of Business
1000 SWEETWATER CLUB BLVD
LONGWOOD FL 32779

Mailing Address
1000 SWEETWATER CLUB BLVD
LONGWOOD FL 32779

55045995



2. Principal Place of Business

3. Mailing Address
203-07 35th Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 1

City & State

City & State

BAYSIDE NY

59-3542563

☒ CHECK HERE IF MAKING CHANGES

FEI Number

APPLIED FOR

Applied For

Not Applicable

Zip

Country

Zip

Country

11361

USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SALVATORE, LUCCHESI
1000 SWEETWATER CLUB BLVD
LONGWOOD FL 32779

Name

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

City

FL

Zip Code

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	PO	<input type="checkbox"/> Delete
NAME	LUCCHESI, JOSEPHINE	
STREET ADDRESS	1000 SWEETWATER CLUB BLVD	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	STD	<input type="checkbox"/> Delete
NAME	LUCCHESI, FARO	
STREET ADDRESS	1000 SWEETWATER CLUB BLVD	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/03

(607) 774-0684

CR2034 (10/02)