

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000004508

1. Entity Name

COMMERCE MINISTRIES, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90010 025 ***150.00

Principal Place of Business

400 N PINEGROVE AVE
WATERFORD MI 48327

Mailing Address

400 N PINEGROVE AVE
WATERFORD MI 48327

2. Principal Place of Business

280 VININGS WAY BLVD

Suite, Apt. #, etc.

5105

City & State

DESTIN, FL

Zip

32541

Country

3. Mailing Address

10859 EMERALD COAST PKWY W

Suite, Apt. #, etc.

PMB 343

City & State

DESTIN, FL

Zip

32541

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3583049

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

CARR, SHANNON S
39987 EMERALD COAST PKWY
DESTIN FL 32541

7. Name and Address of New Registered Agent

Name

KIM E. OBERLIN

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

280 VININGS WAY BLVD, #5105

City

DESTIN

FL

Zip Code

32541

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]

KIM E. OBERLIN, PRES.

4/17/00

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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 **PRESIDENT** ☐ Delete
NAME **KIM E. OBERLIN**
STREET ADDRESS **280 VININGS WAY BLVD, #5105**
CITY-ST-ZIP **DESTIN, FL 32541**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

[Signature]

KIM E. OBERLIN, PRES.

4/17/00

(850) 650-5498

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)