

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90839 021 ***150.00

DOCUMENT # P99000017610

1. Entity Name
COMMERCIAL INSURANCE GROUP, INC.



Principal Place of Business
**6372 FOREST HILL BLVD.
WEST PALM BEACH FL 33415**

Mailing Address
**6372 FOREST HILL BLVD.
WEST PALM BEACH FL 33415**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0899862**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

BASSIN, KENNETH L
2201 CORPORATE BLVD STE 102
BOCA RATON FL 33431

Name **Same**
Street Address (P.O. Box Number is Not Acceptable)
6372 Forest Hill Blvd
City **West Palm Beach** **FL** Zip Code **33415**

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]*
Signature, type or print name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **2/18/2003**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **BASSIN, KENNETH L**
STREET ADDRESS **6372 FOREST HILL BLVD.**
CITY-ST-ZIP **WEST PALM BEACH FL 33415**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **561-439-3133**

CR2E034 (10/02)