

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000028743

1. Entity Name

COMMERCIAL INVESTMENTS, INC.

FILED
Jul 14, 2000 8:00 am
Secretary of State

07-14-2000 90017 044 ***550.00

Principal Place of Business

4924 LESTER RD.
TALLAHASSEE FL 32311

Mailing Address

4924 LESTER RD.
TALLAHASSEE FL 32311

2. Principal Place of Business

220 JOHN KNOX ROAD

3. Mailing Address

P.O. Box 13295

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE # 4

City & State

TALLAHASSEE, FL

City & State

TALLAHASSEE, FL

Zip

Country

32303

USA

Zip

Country

32317

USA

4. FEI Number

59-3567077

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

CONLIN, JOHN L
4924 LESTER RD.
TALLAHASSEE FL 32311

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

JOHN L. CONLIN

(NOTE: Registered Agent signature required when reinstating)

DATE

7/10/2000

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

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NAME
STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP
PRESIDENT
JOHN L. CONLIN
4924 LESTER RD
TALLAHASSEE, FL 32311

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

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

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

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 or other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
JOHN L. CONLIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/2000

DATE

850-545-6335

Daytime Phone #