

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90294 047 ***150.00

DOCUMENT # S31931

1. Entity Name

COMMERCIAL ASSET MANAGEMENT OF CENTRAL FLORIDA, INC.

Principal Place of Business

400 FRANDORSON CIRCLE
 SUITE 204
 APOLLO BEACH FL 33572
 US

Mailing Address

400 FRANDORSON CIRCLE
 SUITE 204
 APOLLO BEACH FL 33572
 US

2. Principal Place of Business

1003 Apollo Beach Blvd. #1

3. Mailing Address

930 Allegro Lane

Suite, Apt. #, etc.

Apollo Beach, FL

Suite, Apt. #, etc.

City & State

City & State

Apollo Beach, FL

Zip

33572

Country

USA

Zip

33572

Country

USA

6. Name and Address of Current Registered Agent

HOLDSWORTH, JOHN W.
 400 FRANDORSON CIRCLE
 SUITE 04
 APOLLO BEACH FL 33572

7. Name and Address of New Registered Agent

Name John W. Holdsworth

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

930 Allegro Lane

City Apollo Beach

FL

Zip Code

33572

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

John W. Holdsworth

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

(NOTE: Registered Agent signature required when reinstating)

4-27-02

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, 2002 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	P	<input type="checkbox"/> Delete
NAME	HOLDSWORTH, JOHN W.	
STREET ADDRESS	930 ALLEGRO LANE	
CITY-ST-ZIP	APOLLO BEACH FL 33572	
TITLE	V	<input type="checkbox"/> Delete
NAME	HOLDSWORTH, LESLIE	
STREET ADDRESS	930 ALLEGRO LANE	
CITY-ST-ZIP	APOLLO BCH FL 33572	
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		

12. 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	
STREET ADDRESS	
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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	
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 all other like empowered.

SIGNATURE:

John W. Holdsworth

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-27-02 813649-1133

CR2E034 (9/01)