

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90214 044 ***150.00

DOCUMENT # S59399

1. Entity Name
COMMERCIAL REAL ESTATE GROUP, INC.



Principal Place of Business
**500 OSCEOLA AVE
#203
WINTER PARK FL 32789
US**

Mailing Address
**P.O. BOX 2356
WINTER PARK FL 32790
US**

2. Principal Place of Business
740 WILLIAMS DR
Suite, Apt. #, etc.

3. Mailing Address
PO BOX 2356
Suite, Apt. #, etc.
Winter Park

City & State
Winter Park, FL

City & State
FL

Zip
32789

Country
Orange

Zip
32790

Country
Orange



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3073615**

Applied For
Not Applicable

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

**NIMKOFF, LOUIS H.
500 OSCEOLA AVE
#203
WINTER PARK FL 32789**

Name
NIMKOFF, LOUIS H.
Street Address (P.O. Box Number is Not Acceptable)
740 WILLIAMS DR.
City
Winter Park **FL** Zip Code
32789

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 **Louis H. Ninkoff**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

4/13/03
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
NIMKOFF, LOUIS H.
P.O. BOX 2356 N/A
WINTER PARK FL 32790** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
NIMKOFF, LEE ANNE
P.O. BOX 2356 N/A
WINTER PARK FL 32790** ☐ Delete

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

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☐ Change ☐ Addition

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: **Louis H. Ninkoff** **4/13/03** **405-3368**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)