

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90126 043 ***150.00

DOCUMENT # F96666

1. Entity Name
COMYNS INTERNATIONAL, INC.

Principal Place of Business
 2723 LAKE FERRY LANE
 ATLANTA GA 30339
 US

Mailing Address
 2723 LAKE FERRY LANE
 ATLANTA GA 32250-3933
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
872 BONAIRE CIRCLE

3. Mailing Address
872 BONAIRE CIRCLE

Suite, Apt. #, etc.

City & State
JACKSONVILLE BEACH, FL

City & State
JACKSONVILLE BEACH, FL

4. FEI Number **59-2247379** Applied For
 Not Applicable

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

Zip **32250-3933** Country **USA** Zip **32250-3933** Country **USA**

6. Name and Address of Current Registered Agent

KATHE, GUY M.
2600 GARDENA ST
UNIT 6
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name
KENNETH C. COMYNS

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

City **JACKSONVILLE BEACH** FL Zip Code **32250-3933**

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 *Kenneth C. Comyns* **KENNETH C. COMYNS PRESIDENT** **3-13-00**
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 NAME STREET ADDRESS CITY-ST-ZIP	PD COMYNS, KENNETH C. 2723 LAKE FERRY LANE ATLANTA GA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD COMYNS, DOROTHY M. 2723 LAKE FERRY LANE ATLANTA GA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
872 BONAIRE CIRCLE JACKSONVILLE BEACH, FL 32250-3933	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
872 BONAIRE CIRCLE JACKSONVILLE BEACH, FL 32250-3933	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 *Kenneth C. Comyns* **KENNETH C. COMYNS** **3/13/00** **904 242 0596**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)