

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2003 8:00 am**  
**Secretary of State**

01-30-2003 90114 048 \*\*\*150.00

**DOCUMENT # F96666**

1. Entity Name  
**COMYNS INTERNATIONAL, INC.**



Principal Place of Business  
**872 BONAIRE CIRCLE  
JACKSONVILLE BEACH FL 32250-3933  
US**

Mailing Address  
**872 BONAIRE CIRCLE  
JACKSONVILLE BEACH FL 32250-3933  
US**

70015603



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2247379**

Applied For  
Not Applicable

CHECK HERE IF MAKING CHANGES

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

**COMYNS, KENNETH C  
872 BONAIRE CIRCLE  
~~LONGWOOD FL 32750-3933~~**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Kenneth C. Comyns*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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	PD	<input type="checkbox"/> Delete
NAME	COMYNS, KENNETH C.	
STREET ADDRESS	872 BONAIRE CIRCLE	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250-3933	
TITLE	STD	<input type="checkbox"/> Delete
NAME	COMYNS, DOROTHY M.	
STREET ADDRESS	872 BONAIRE CIRCLE	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250-3933	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Kenneth C. Comyns* **REQUIRE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **KENNETH C. COMYNS** 1-28-03 904 242 0596  
Date Daytime Phone #

CR2E034 (10/02)