

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000090692**

1. Entity Name

COMIND PROPERTIES, INC.**FILED****Mar 06, 2001 8:00 am**
Secretary of State

03-06-2001 90014 038 ***150.00

Principal Place of Business

~~807 S MAIN STREET
WILDWOOD FL 34785
US~~

Mailing Address

~~P.O. BOX 158
WILDWOOD FL 34785
US~~*New Address*

2. Principal Place of Business

4100 NW Blichton Rd (Hwy 27)

Suite, Apt. #, etc.

3. Mailing Address

4100 NW Blichton Rd (Hwy 27)

Suite, Apt. #, etc.

City & State

Ocala, FL

City & State

Ocala, FL

Zip

34482

Country

USA

Zip

34482

Country

USA

4. FEI Number

59-3357736

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

**STALEY, MARLENE
807 S MAIN ST
WILDWOOD FL 34785**

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

Marlene Staley

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-5-01

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PVST	<input type="checkbox"/> Delete
NAME	STALEY, MARLENE	
STREET ADDRESS	807 S MAIN ST	
CITY-ST-ZIP	WILDWOOD FL 34785	

TITLE	D	<input type="checkbox"/> Delete
NAME	STALEY, MARLENE	
STREET ADDRESS	807 S MAIN ST	
CITY-ST-ZIP	WILDWOOD FL 34785	

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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:

Marlene Staley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/5/01 352 671-4601
Daytime Phone #

CR2E034 (10/00)