2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State
01-29-2001 90139 049 ***158.75

DOCUMENT # P97000042517

1. Entity Name

COMMSTRUCTURES, INC.

Principal Place of Business	Mailing Address
25860 HWY 90 EAST ROBERTSDALE AL 36567 US	308 S JEFFERSON ST PENSACOLA FL 32501

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
101 E. ROBERTS RD.	115. E. GARDEN ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CANTONMENT	City & State: PENSACOLA FL
Zip: 32534 Country: U.S.A.	Zip: 32501 Country: U.S.A.

4. FEI Number 59-3454619 ☐ 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
MATTHEWS, EDSEL F JR 308 S JEFFERSON ST PENSACOLA FL 32501	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 _____
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, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HOBBS, JAMES B 2172 WEST NINE MILE RD, #165 PENSACOLA FL 32534	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HARPOLE, JAMES Y 2713 WOODBREEZE DRIVE CANTONMENT FL 32533	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD MENKE, WILLIAM J 316 S BAYLEN ST., STE 600 PENSACOLA FL 32501	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOBBS, SHERRY FLORA 2172 WEST NINE MILE RD, #165 PENSACOLA FL 32534	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HARPOLE, CHRISTINA H 2713 WOODBREEZE DRIVE CANTONMENT FL 32533	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PAPANTONIO, J MICHAEL 316 S BAYLEN ST., STE 600 PENSACOLA FL 32501	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/00)

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #