2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

Principal Place of Business 101 E. ROBERTS RD

CANTONMENT FL 32534

P97000042517

Mailing Address

101 E ROBERTS RD

PENSACOLA FL 32534

1. Entity Name

COMMSTRUCTURES, INC.



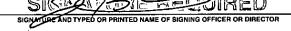
Feb 12, 2003 8:00 am Secretary of State **FILED**

02-12-2003 90116 040 ***158.75

2. Principal P	lace of Business	3. Mailing Address						i	11051 1001 1001		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & State	е	City & State			4. F	59-3454619	/	·	oplied For ot Applicable		
Zip	Country	Zip	try	5. C	Certificate of Status Desired		B.75 Added Require				
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent						
				Name .							
MATTHEWS, EDSEL F JR				Out to Address (DO Dev Number in Not Acceptable)							
308 S JEFFERSON ST				Street Address (P.O. Box Number is Not Acceptable)							
PENSACO	DLA FL 32501										
1210/1002112 02001				Cíty			FL	Zip Cod	e		
The share	named entity submits this statement for	r the ourness of changing it	ed office or r	anistared and	ent, or both, in the State of Florida	Lam far	niliar with	and accept			
	ions of registered agent.	Title purpose of changing it	s registeri	a onice or n	cgistorea agt	Sitt, or both, in the otate of horida.					
SIGNATURE											
	Signature, typed or printed name of registered agent a	and title if applicable. (NO	TE: Registere	d Agent signature	required when re	instating)	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 Financi Trust Fund Contribution.	ng 🔲	+-	0 May Be d to Fees		
10. OFFICERS AND DIRECTORS 11.					AD	DITIONS/CHANGES TO OFFICER	S AND E	IRECTOR	S IN 11		
TITLE	PD	☐ Delete	TITL					Change	☐ Addition		
NAME	HOBBS, JAMES B	DBBS, JAMES B		E							
STREET ADDRESS	2172 WEST NINE MILE RD, #169			ET ADDRESS							
CITY-ST-ZIP	PENSACOLA FL 32534		CITY	-ST-ZIP							
TITLE	VD	☐ Delete	TITL	<u>:</u>			[Change	☐ Addition		
NAME	HARPOLE, JAMES Y	ARPOLE, JAMES Y		E							
STREET ADDRESS	2713 WOODBREEZE DRIVE			ET ADDRESS		4					
CITY-ST-ZIP	CANTONMENT FL 32533		CITY	-ST-ZIP				=-:			
TITLE	STD	Delete	TITU				l	Change	☐ Addition		
NAME	MENKE, LORI		NAM	ET ADDRESS_							
STREET ADDRESS CITY-ST-ZIP	316 S BAYLEN.ST.STE.600			-ST-ZIP	—	معرفان بسدا فيفاد ميحد					
	D	☐ Delete	TITL		a	74 -		Change	Addition		
TITLE NAME	HOBBS, SHERRY FLORA	L.J. Delete	NAM								
STREET ADDRESS	2172 WEST NINE MILE RD, #169	5		ET ADDRESS							
CITY-ST-ZIP	PENSACOLA FL 32534		CITY	-ST-ZIP							
THTLE	D	☐ Defete	TITL	<u> </u>				Change	Addition		
NAME	HARPOLE, CHRISTINA H		NAM	E							
STREET ADDRESS	2713 WOODBREEZE DRIVE			ET ADDRESS							
CITY-ST-ZIP	CANTONMENT FL 32533		CITY	-ST-ZIP					·		
TITLE	D	☐ Delete	TITL				ſ	Change	☐ Addition		
NAME	PAPANTONIO, J MICHAEL		NAM								
STREET ADDRESS	316 S BAYLEN ST., STE 600										
CITY-ST-ZIP	PENSACOLA FL 32501		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:



Daytime Phone #