

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 09, 2003 8:00 am
Secretary of State

09-09-2003 90027 034 ***150.00

0141666 AT

DOCUMENT # F01000005021

1. Entity Name

J. COMBS ENTERPRISES INCORPORATED



Principal Place of Business

**14087 SE 44 CT.
SUMMERFIELD FL 34491**

Mailing Address

**14087 SE 44 CT.
SUMMERFIELD FL 34491**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **88-0497704**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**COMBS, JOHN
14087 SE 44 CT.
SUMMERFIELD FL 34491**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

**After September 10, 2003 Fee will be \$750.00
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

TITLE **PSTD** ☐ Delete
NAME **COMBS, JOHN**
STREET ADDRESS **14087 SE 44 CT.**
CITY-ST-ZIP **SUMMERFIELD FL**

TITLE **PRESIDENT** ☐ Delete
NAME **JOHN COMBS**
STREET ADDRESS **14087 SE 44 CT**
CITY-ST-ZIP **SUMMERFIELD, FL 34491**

TITLE **VICE PRESIDENT** ☐ Delete
NAME **JOHN COMBS**
STREET ADDRESS **14087 SE 44 CT**
CITY-ST-ZIP **SUMMERFIELD, FL 34491**

TITLE **SECRETARY** ☐ Delete
NAME **JOHN COMBS**
STREET ADDRESS **14087 SE 44 CT**
CITY-ST-ZIP **SUMMERFIELD, FL 34491**

TITLE **TREASURER** ☐ Delete
NAME **JOHN COMBS**
STREET ADDRESS **14087 SE 44 CT**
CITY-ST-ZIP **SUMMERFIELD, FL 34491**

TITLE **DIRECTOR** ☐ Delete
NAME **JOHN COMBS**
STREET ADDRESS **14087 SE 44 CT**
CITY-ST-ZIP **SUMMERFIELD, FL 34491**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-1-03

Date

3522457226

Daytime Phone #

CR2E034 (4/03)

Attachment#

80146017
FOI000005021

08/25/03

To Whom It May Concern:

While preparing to file my corporate taxes for 2002 this month, I came across my 2002 UBR fee. Because I've only filed a UBR form once before, I didn't think to check into the matter of filing since I never received a UBR report for the year of 2003. I pulled a form off your sunbiz website and was going to mail it off, then I received a UBR form stating that I owed \$550.00 by September 10th. I'm only sending \$150.00, as instructed by your automated message for those who never received a UBR form. I'll fill out both forms and mail them. If there is a problem, I can be contacted at (352)245-7226, or jcombs@atlantic.net.

Sincerely,
John Combs of
J. Combs Enterprises, Inc.


Signature