

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000004297

1. Entity Name

COMSTAR.NET, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90078 019 ***158.75

Principal Place of Business

Mailing Address

2812 SPRING ROAD, SUITE 210
ATLANTA GA 30339

2812 SPRING ROAD, SUITE 210
ATLANTA GA 30339-3019

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-2235514

Applied For

Not Applicable

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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, 2000 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 PCD
NAME DAYTON, SAM F
STREET ADDRESS 2812 SPRING ROAD, SUITE 210
CITY-ST-ZIP ATLANTA GA 30339

☐ Delete

TITLE V
NAME EDWARDS, STEVEN J
STREET ADDRESS 2812 SPRING ROAD, SUITE 210
CITY-ST-ZIP ATLANTA GA 30339

☐ Delete

TITLE SD
NAME LANDA, EDWARD N
STREET ADDRESS 2812 SPRING ROAD, SUITE 210
CITY-ST-ZIP ATLANTA GA 30339

☐ Delete

TITLE T
NAME MARTIN, CHRISTOPHER K
STREET ADDRESS 2812 SPRING ROAD, SUITE 210
CITY-ST-ZIP ATLANTA GA 30339

☒ Delete

TITLE D
NAME HOWELL, JAMES C
STREET ADDRESS 2812 SPRING ROAD, SUITE 210
CITY-ST-ZIP ATLANTA GA 30339

☐ Delete

TITLE D
NAME BRUCE, JAMES L. JR.
STREET ADDRESS 2812 SPRING ROAD, SUITE 210
CITY-ST-ZIP ATLANTA GA 30339

☐ Delete

TITLE D
NAME GROSS, -STEPHEN
STREET ADDRESS 2625 CUMBERLAND PKWY, SUITE 400
CITY-ST-ZIP ATLANTA, GA 30339

☐ Change ☒ Addition

TITLE D
NAME HOFFMAN, MARK
STREET ADDRESS PALISADE CAPITAL, ONE BRIDGE PLAZA
CITY-ST-ZIP FORT LEE, NJ 07024

☐ Change ☒ Addition

TITLE D
NAME STURM, GLENN
STREET ADDRESS 999 PEACHTREE STREET, NE, SUITE 1400
CITY-ST-ZIP ATLANTA, GA 30309

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME BRUCE, JAMES L. JR.
STREET ADDRESS 482 CHATTAHOOCHEE STREET
CITY-ST-ZIP CORNELIA, GA 30531

☒ Change ☐ Addition

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
JAMES C. HOWELL

4/19/2000

(770) 485-6000

Date

Daytime Phone #

CR2E034 (9/99)