

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90060 002 ***150.00

DOCUMENT # **Q78383**

1. Entity Name
**Combined Business Enterprises,
Incorporated**



DO NOT WRITE IN THIS SPACE

90068349

2. Principal Place of Business
432 Summers Creek Dr.
Suite, Apt. #, etc.

3. Mailing Address
432 Summers Creek Dr.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Merritt Island FL
Zip
32952
Country
USA

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Merritt Island FL
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4. FEI Number
59-2871507
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Scott, Kenneth J.
Street Address (P.O. Box Number is Not Acceptable)
1936 Lee Road, #270
City
Winter Park FL Zip Code
32789

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	PTD FAIR, N. BRUCE 432 SUMMERS CREEK DR. MERRITT ISLAND, FL 32952	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD FAIR, CAROLE 432 SUMMERS CREEK DR. MERRITT ISLAND, FL 32952	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **N. BRUCE FAIR** 321-459-2626
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)