

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

FILED
Apr 01, 2004 8:00 am
Secretary of State

04-01-2004 90035 026 ***158.75

DOCUMENT # **L79838**

1. Entity Name

COMER ENTERPRISES, INC



DO NOT WRITE IN THIS SPACE

24032625

2. Principal Place of Business

3108 OCELOT WAY

3. Mailing Address

3108 OCELOT WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

FT PIERCE, FL

City & State

FT. PIERCE FT

4. FEI Number

59-3015518

Applied For

Not Applicable

Zip

34949-8884

Country

USA

Zip

34949-8884

Country

ST. LUCIE

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

MARY J. COMER

Street Address (P.O. Box Number is Not Acceptable)

3108 OCELOT WAY

City

FT. PIERCE

FL

Zip Code

34949-8884

**DO NOT WRITE
IN THIS SPACE**

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

Mary J. Comer PRESIDENT

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

(NOTE: Registered Agent signature required when reinstating)

03/29/04

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	PRESIDENT/DIRECTOR	TITLE	
NAME	MARY J. COMER	NAME	
STREET ADDRESS	3108 OCELOT WAY	STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE, FL 34949-8884	CITY-ST-ZIP	
TITLE	VICE-PRESIDENT/DIRECTOR	TITLE	
NAME	FRED C. COMER	NAME	
STREET ADDRESS	3108 OCELOT WAY	STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE, FL 34949-8884	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Mary J. Comer MARY J. COMER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/29/04

Date

772 461 1009

Daytime Phone #

CR2E034B (12/02)