

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000001940

1. Entity Name

COMEUNITY, INC.

FILED
Feb 23, 2000 8:00 am
Secretary of State

02-23-2000 90012 010 ****70.00

Principal Place of Business

Mailing Address

803 N. FISKE BLVD.
COCOA FL 32922
US

PO BOX 1287
COCOA FL 32923-1287
US

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

59-3380450

Applied For

Not Applicable

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

SPAULDING, EARTHY
2700 CROTON RD. #1-19
MELBOURNE FL 32935

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	SPAULDING, EARTHY	
STREET ADDRESS	1696 CLOVER CIRCLE	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	D	<input type="checkbox"/> Delete
NAME	PHILLIPS, PETER	
STREET ADDRESS	1710 FLAMEVIEW PLACE	
CITY-ST-ZIP	VALKARIA FL 32950	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRANCIS, LENNOX	
STREET ADDRESS	1830 OAK DRIVE SOUTH	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	D	<input type="checkbox"/> Delete
NAME	JACKSON, JAMES	
STREET ADDRESS	1100 WEDGEWOOD LANE	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARBER, DONALD	
STREET ADDRESS	1770 WINDOVER OAKS #44	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Spaulding, Earthy	
STREET ADDRESS	2700 Croton Road, 1-19	
CITY-ST-ZIP	Melbourne, FL 32935	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Clinkscales, Alberta	
STREET ADDRESS	2032 Nottingham Rd	
CITY-ST-ZIP	Melbourne, FL 32935	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 617, 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 RECEIVED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12 Jan 00 321 633-0033

CR2E037 (9/99)