

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90141 026 ****61.25

DOCUMENT # N96000001940

1. Entity Name

COMEUNITY, INC.

Principal Place of Business

Mailing Address

**803 N. FISKE BLVD.
 COCOA FL 32922
 US**

**803 N. FISKE BLVD.
 COCOA FL 32922
 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
 2921 EQUINOX DRIVE
 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 ☐ Delete
 NAME **D SPAULDING, EARTHY**
 STREET ADDRESS **2421 EQUINOX DRIVE**
 CITY-ST-ZIP **MELBOURNE FL 32935**

TITLE ☐ Change ☒ Addition
 NAME **D Roberts, James**
 STREET ADDRESS **1919 Fabien Circle**
 CITY-ST-ZIP **Viera, FL 32940**

TITLE ☐ Delete
 NAME **T PITTMAN, JOHN**
 STREET ADDRESS **960 BREWSTER LANE**
 CITY-ST-ZIP **ROCKLEDGE FL 32955**

TITLE ☐ Change ☒ Addition
 NAME **D Keels, Woodrow**
 STREET ADDRESS **1840 Clover Circle**
 CITY-ST-ZIP **Melbourne, FL 32935**

TITLE ☒ Delete
 NAME **D JONES, GLORIA J**
 STREET ADDRESS **1420 PALMWOOD DRIVE**
 CITY-ST-ZIP **MELBOURNE FL 32935**

TITLE ☐ Change ☒ Addition
 NAME **D Neely, C. Garfield**
 STREET ADDRESS **1143 Tarpon Drive**
 CITY-ST-ZIP **Rockledge, FL 32955**

TITLE ☐ Delete
 NAME **D JACKSON, JAMES**
 STREET ADDRESS **1100 WEDGEWOOD LANE**
 CITY-ST-ZIP **TITUSVILLE FL 32780**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D BARBER, DONALD**
 STREET ADDRESS **1770 WINDOVER OAKS #44**
 CITY-ST-ZIP **TITUSVILLE FL 32780**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Delete
 NAME **D BLACK, BRENDA**
 STREET ADDRESS **1040 MITCHELL STREET**
 CITY-ST-ZIP **COCOA FL 32922**

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 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 Required
Signature of E. Spaulding
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7 Jan 02 321 633-0033
 Date Daytime Phone #

CR2E037 (9/01)