

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2002 8:00 am**  
**Secretary of State**

01-21-2002 90011 049 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

**DOCUMENT #** P00000054716

**1. Entity Name**  
 COMWORXX, INC.

**Principal Place of Business** 1819 MAIN ST., 11TH FLOOR  
 SARASOTA FL 34236

**Mailing Address** 1819 MAIN ST., 11TH FLOOR  
 SARASOTA FL 34236

**2. Principal Place of Business** 2065 Cantu Court  
 Suite, Apt. #, etc.

**3. Mailing Address** 2065 Cantu Court  
 Suite, Apt. #, etc.

**City & State** Sarasota, FL

**City & State** Sarasota, FL

**Zip** 34232 **Country** USA

**Zip** 34232 **Country** USA

**4. FEI Number** 65-1029051

**Applied For** ☐ **Not Applicable** ☒

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

**6. Name and Address of Current Registered Agent**

MASTROPIETRO, DONALD R  
 1819 MAIN ST., 11TH FLOOR  
 SARASOTA FL 34236

**7. Name and Address of New Registered Agent**

**Name** Donald R. Mastropietro

**Street Address (P.O. Box Number is Not Acceptable)** 2065 Cantu Court

**City** Sarasota **FL** **Zip Code** 34232

**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** *Donald R. Mastropietro* **Donald R. Mastropietro** **1/8/02**

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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

|                       |                           |                                 |
|-----------------------|---------------------------|---------------------------------|
| <b>TITLE</b>          | CD                        | <input type="checkbox"/> Delete |
| <b>NAME</b>           | WILLIAMS, OSCAR J         |                                 |
| <b>STREET ADDRESS</b> | 1819 MAIN ST 11TH FLOOR   |                                 |
| <b>CITY-ST-ZIP</b>    | SARASOTA FL 34236         |                                 |
| <b>TITLE</b>          | DP                        | <input type="checkbox"/> Delete |
| <b>NAME</b>           | JONES, MICHAEL P          |                                 |
| <b>STREET ADDRESS</b> | 1819 MAIN ST, 11TH FLOOR  |                                 |
| <b>CITY-ST-ZIP</b>    | SARASOTA FL 34236         |                                 |
| <b>TITLE</b>          | D                         | <input type="checkbox"/> Delete |
| <b>NAME</b>           | SCHNABEL, BODO            |                                 |
| <b>STREET ADDRESS</b> | 1819 MAIN ST, 11TH FLOOR  |                                 |
| <b>CITY-ST-ZIP</b>    | SARASOTA FL 34236         |                                 |
| <b>TITLE</b>          | D                         | <input type="checkbox"/> Delete |
| <b>NAME</b>           | SCHWAMAN, HARTROUT        |                                 |
| <b>STREET ADDRESS</b> | 1819 MAIN ST, 11TH FLOOR  |                                 |
| <b>CITY-ST-ZIP</b>    | SARASOTA FL 34236         |                                 |
| <b>TITLE</b>          | VT                        | <input type="checkbox"/> Delete |
| <b>NAME</b>           | FLOYD, CHRISTOPHER        |                                 |
| <b>STREET ADDRESS</b> | 1819 MAINS ST, 11TH FLOOR |                                 |
| <b>CITY-ST-ZIP</b>    | SARASOTA FL 34236         |                                 |
| <b>TITLE</b>          | S                         | <input type="checkbox"/> Delete |
| <b>NAME</b>           | MASTREPRETRA, DONALD R    |                                 |
| <b>STREET ADDRESS</b> | 1819 MAIN ST, 11TH FLOOR  |                                 |
| <b>CITY-ST-ZIP</b>    | SARASOTA FL 34236         |                                 |

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|                       |                        |  |
|-----------------------|------------------------|--|
| <b>TITLE</b>          | D                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b>           | 2065 Cantu Court       |  |
| <b>STREET ADDRESS</b> | Sarasota, FL 34232     |  |
| <b>CITY-ST-ZIP</b>    |                        |  |
| <b>TITLE</b>          | CDP                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b>           | Jonas, Michael P.      |  |
| <b>STREET ADDRESS</b> | 2065 Cantu Court       |  |
| <b>CITY-ST-ZIP</b>    | Sarasota, FL 34232     |  |
| <b>TITLE</b>          |                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b>           | 2065 Cantu Court       |  |
| <b>STREET ADDRESS</b> | Sarasota, FL 34232     |  |
| <b>CITY-ST-ZIP</b>    |                        |  |
| <b>TITLE</b>          |                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b>           | Schwamm, Hartmuth      |  |
| <b>STREET ADDRESS</b> | 2065 Cantu Court       |  |
| <b>CITY-ST-ZIP</b>    | Sarasota, FL 34232     |  |
| <b>TITLE</b>          |                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b>           | 2065 Cantu Court       |  |
| <b>STREET ADDRESS</b> | Sarasota, FL 34232     |  |
| <b>CITY-ST-ZIP</b>    |                        |  |
| <b>TITLE</b>          |                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b>           | Mastropietro, Donald R |  |
| <b>STREET ADDRESS</b> | 2065 Cantu Court       |  |
| <b>CITY-ST-ZIP</b>    | Sarasota, FL 34232     |  |

**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:** *Donald R. Mastropietro* **Donald R. Mastropietro** **1/8/02** **941-377-8886**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*Corporate Secretary*

CR2E034 (9/01)