

AMENDED

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

DOCUMENT # P00000069399

1. Entity Name

CommTec Industries, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

4052 Corrientes Ct.

3. Mailing Address

4052 Corrientes Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

593661628

Applied For

Not Applicable

Zip

32217

Country

U.S.A.

Zip

32217

Country

U.S.A.

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Stutsman & Thames, P.A.

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

121 W. Forsyth Street, Suite 600

City

Jacksonville

FL

Zip Code  
32202

**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.

SIGNATURE

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) ☐

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P/D  
Douglas B. Grosse  
4052 Corrientes Ct.

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Jacksonville, Florida 32217

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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/6/02

Daytime Phone #

941-872-5020

FILED

02 JUN 10 PM 12:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E034B (12/01)