

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P000000090999**

1. Entity Name
ComOdyssey, Inc

Principal Place of Business Mailing Address
3217 Partridge Point Trail P.O. Box 152407
Valrico, FL 33594 Tampa, FL 33684

2. Principal Place of Business 3. Mailing Address
3217 Partridge Point Trail P.O. Box 152407
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Valrico, FL 33594 Tampa FL
Zip Country Zip Country
U.S.A. 33684 U.S.A.

4. FEI Number **59-3686615** 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
Wayne Alexander Name **Joels Treuhaff, P.A.**
3217 Partridge Point Trail Street Address (P.O. Box Number is Not Acceptable) **5700 Memorial Hwy #2026**
Valrico, FL 33594 City **Tampa** FL Zip Code **33615**

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]** DATE **10/25/01**
(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME D Wayne Alexander <input type="checkbox"/> Delete	STREET ADDRESS 3217 Partridge Point Trail CITY-ST-ZIP Valrico, FL 33594	TITLE NAME	STREET ADDRESS CITY-ST-ZIP
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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: **[Signature]** DATE: **10/1/01** **SR-651-3226**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/2
FILED
01 NOV 13 PM 2:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)