FILED
May 29, 2003 8:00 am
Secretary of State
05-05-2003 91154 028 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P03000054491

1. Entity Name

MiLiTaryBay.com FWC.

DO NOT WRITE IN THIS SPACE

[redacted] 55044468

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
10516 Pineapple Rd Hwy	10516 Pineapple Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Seminole	City & State: Seminole
Zip: FL Country: Pinellas	Zip: 33772 Country: Pinellas

4. FEI Number: 59-3720587 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Nicholas Komarnitzky

Street Address (P.O. Box Number is Not Acceptable): 10516 pineapple Rd

City: Seminole FL Zip Code: 33772

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Nicholas James Komarnitzky 3-27-03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

January 1st - May 1st Fee is $150.00
After May 1st Fee is $300.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Nicholas J. Komarnitzky 10516 Pineapple Rd Seminole FL 33772
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Nicholas J. Komarnitzky 10516 Pineapple Rd Seminole FL 33772
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Nicholas J. Komarnitzky 10516 Pineapple Rd Seminole FL 33772
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CR2E034B (12/02)

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Nicholas James Komarnitzky 3-27-03 727-399-8214
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #