

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 20, 2003 8:00 am
Secretary of State

05-20-2003 90067 042 ***158.75

DOCUMENT # P02000008184

1. Entity Name
COMINDRE CORP.



Principal Place of Business
**3795 PINEHURST
DELTONA FL 32725**

Mailing Address
**3795 PINEHURST
DELTONA FL 32725**



2. Principal Place of Business
807-B Second Street

3. Mailing Address
807-B Second Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Altamonte Springs, FL

City & State
Altamonte Springs, FL

4. FEI Number
04-3619149

Applied For
☐ Not Applicable

Zip
32701

Country
Seminole

Zip
32701

Country
Seminole

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

6. Name and Address of Current Registered Agent

**GRAY, ROGER L
3795 PINEHURST
DELTONA FL 32725**

7. Name and Address of New Registered Agent

Name
Jack L. Hines

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

807-B Second Street

City
Altamonte Springs

FL

Zip Code
32701

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

Jack L. Hines

04/08/2003

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE



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
**Director/President
Jack L. Hines
807-B Second Street
Altamonte Springs, 32701** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jack L. Hines

04/08/2003

407-831-4592

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment
80120358

ComIndRE Corp
Licensed Real Estate Broker

Saturday, May 17, 2003

Florida Department of State
Division of Corporations
PO Box 1500
— Tallahassee, FL 32302-1500

Reference Number: **P02000008184**

Dear Division:

With regard to your letter, please consider the following:

- I had 2 other knowledgeable adults review the application and we could not find anything wrong with the way that it was filled out. Jack L. Hines is the sole officer/director.
- The amounts did not differ. The written amount was missing. The check would have been honored by my bank the way it was written.
- Your letter was dated 4/15/2003 but was **not postmarked until 4/30/2003**. Therefore, I should have until at least 5/30/2003 (30 days) to resubmit. In any event, I am responding promptly and do not expect a penalty.

Sincerely,



Jack L. Hines

Cc: Lee Constantine