FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000037743

1. Entity Name
COMLASER INC.

FILED
04 JAN -9 PM 3:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 03-04

2. Principal Place of Business	3. Mailing Address
3507 FRONTAGE RD	3507 FRONTAGE
Suite, Apt. #, etc.: SUITE 150	Suite, Apt. #, etc.: SUITE 150
City & State: TAMPA, FL.	City & State: TAMPA, FL
Zip: 33607 Country: USA	Zip: 33607 Country: USA

4. FEI Number: APPLIED ☑ 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: MICHAEL M. MOORE

Street Address (P.O. Box Number is Not Acceptable): 3507 FRONTAGE RD

SUITE 150

City: TAMPA FL Zip Code: 33607

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: [signature] MICHAEL M. MOORE 11/18/2003

Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature Required When Reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
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	D	TITLE	600026626866
NAME	MICHAEL M. MOORE	NAME	01/09/04--01086--004 **50.00
STREET ADDRESS	3507 FRONTAGE RD #150	STREET ADDRESS	11/24/03 01023 008 $700.00
CITY-ST-ZIP	TAMPA, FL. 33607	CITY-ST-ZIP	02/24/03 90173 005 $150.00
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CITY-ST-ZIP		CITY-ST-ZIP	

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: [signature] MICHAEL M. MOORE 11/18/2003 813 864-9406

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