

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

DOCUMENT # P-02000037743	
1. Entity Name ComLASER INC.	

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

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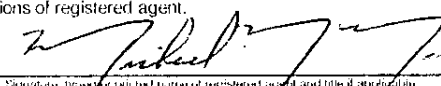
REINSTATEMENT 03-04

2. Principal Place of Business 3507 FRONTAGE RD		3. Mailing Address 3507 FRONTAGE RD		4. FEI Number APPLIED	☒ Applied For ☐ Not Applicable
Suite, Apt. #, etc. SUITE 156		Suite, Apt. #, etc. SUITE 150			
City & State TAMPA, FL.		City & State TAMPA, FL		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
Zip 33607	Country USA	Zip 33607	Country USA		

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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 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.

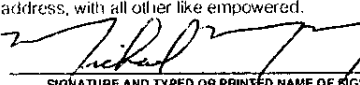
SIGNATURE:  **MICHAEL M. MOORE** 11/18/2003
(Signature, type or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when amending) DATE

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
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MICHAEL M. MOORE 3507 FRONTAGE RD #150 TAMPA, FL. 33607	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600026626866 01/09/04--01086--004 **50.00 11/24/03 01023 008 \$700.00 02/24/03 90173 005 \$150.00
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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:  **MICHAEL M. MOORE** 11/18/2003 813 864-9406
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)