

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

8/25

FILED
Sep 15, 2003 8:00 am
Secretary of State

08-25-2003 90095 019 ***150.00

DOCUMENT # P02000065265

1. Entity Name
COMITO DEVELOPERS, INC.



Principal Place of Business
1566 GOLFSIDE VILLAGE BOULEVARD
APOPKA FL 32712

Mailing Address
1566 GOLFSIDE VILLAGE BOULEVARD
APOPKA FL 32712

44005872

2. Principal Place of Business
APOPKA FLA

3. Mailing Address
1566 GOLFSIDE VILLAGE BLVD

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
APOPKA FLA

City & State

Zip 32702 **Country** ORANGE

Zip **Country**

4. FEI Number
16-1683059

☒ **Applied For**
☐ **Not Applicable**

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

6. Name and Address of Current Registered Agent
COMITO, F. LOUIS
1566 GOLFSIDE VILLAGE BOULEVARD
APOPKA FL 32712

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ **DATE** _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President F LOUIS COMITO SAME AS ABOVE <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: SIGNATURE REQUIRED **8/4/03** **407 886 8623**

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

CR2E034 (4/03)

Attachment

44005872
#P020000005265

F. Louis Comito

1566 GOLFSIDE VILLAGE BOULEVARD
APOPKA, FLORIDA 32712
407-886-8683 FAX 407-886-3070

FEL # 16-1683059

FLORIDA DEPARTMENT OF STATE

TO WHOM IT MAY CONCERN:

We formed this corporation this year.

I received this form recently. It is the *first and only* form from your Department.
I did not receive the prior notice you mention.

I telephoned your office and was told to follow the instructions on the back page of
this form that I received.

Accordingly, and per instructions, I am writing to confirm that I never received any prior
notice and have enclosed the original fee of \$150. and the completed form.

I surely hope this will clear up the unfortunate matter. Thank you for your assistance.

Sincerely yours,

F. Louis Comito
F. Louis Comito, Owner/President