

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Aug 18, 2003 8:00 am**  
**Secretary of State**

08-18-2003 90161 002 \*\*\*150.00

0143102 AT

**DOCUMENT # P02000087140**

1. Entity Name  
**COMMUNICATIONS-X.NET, INC.**



Principal Place of Business  
**2825 WILSON RD  
SAINT CLUD FL 34772**

Mailing Address  
**2825 WILSON RD  
SAINT CLUD FL 34772**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
**SAINT CLOUD, FL**

City & State  
**SAINT CLOUD, FL**

Zip Country Zip Country

4. FEI Number  
**55-0796963**

Applied For  
 Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CARL, CHRISTOPHER  
2825 WILSON RD  
SAINT CLUD FL 34772**

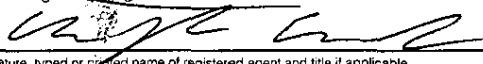
7. Name and Address of New Registered Agent

Name

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

City **SAINT CLOUD** **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 **8/11/03**

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

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>CARL, CHRISTOPHER</b>	
STREET ADDRESS	<b>2825 WILSON RD</b>	
CITY-ST-ZIP	<b>SAINT CLUD FL 34772</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:  DATE **8/11/03** DAYTIME PHONE # **407-256-7800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

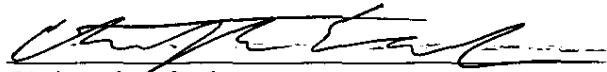
CR2E034 (4/03)

Attachment

90150799  
#PO2000087140

Dir Sir or Madam;

I am currently the President and only officer for Communications-X.net, inc. I did not receive the first UBR report that was due May 1<sup>st</sup>. This may be due to all addresses needing a spelling correction of the City. Because of this could the additional late fee of \$400 dollars be waived. This is my first attempt at a business and was not aware that a UBR was due May 1<sup>st</sup>. Once I received the second notice I became aware of this and I am now sending the UBR completed with the original amount owed of \$150 dollars. Thank you for your time.



Christopher Carl  
President of Communications-X.net, inc.