

2000 UNIFORM BUSINESS REPORT (UBR)

061156E

DOCUMENT # P21992

1. Entity Name
COOMBES PROPERTIES INC.

Principal Place of Business: **95 SOUTH MAIN STREET
FREEPORT NY 11520**

Mailing Address: **P.O. BOX 177
BONDI JUNCTION NSW 2022
AUSTRALIA**

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

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

City & State: Zip Country

4. FEI Number: **11-2931211** Applied For: Not Applicable:

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

FILED
00 FEB -8 AM 11:25
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent: **HUNTER, CRAIG B CRAIG, HUNTER B.
201 S.E. 24TH AVENUE
POMPANO BEACH FL 33062**

7. Name and Address of New Registered Agent: Name, Street Address, City, State (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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P NAME: COOMBES, PETER C. STREET ADDRESS: 15 QUEENS AVE. CITY-ST-ZIP: VAUCLUSE NSW 2030 AUSTRALIA	<input type="checkbox"/> Delete	TITLE: LS NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: COOMBES, HELENE STREET ADDRESS: 15 QUEENS AVE. CITY-ST-ZIP: VAUCLUSE NSW 2030 AUSTRALIA	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER C. COOMBES 1/20/2000 (02) 9389 6111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

PETER C. COOMBES, PRESIDENT

C-2E034 (9/99)