

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000045597

1. Entity Name

COMMODORE COMMUNICATIONS CO.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90120 024 ***150.00

Principal Place of Business

Mailing Address

5800 OVERSEAS HWY
 SUITE 35-151
 MARATHON FL 33050

5800 OVERSEAS HWY
 SUITE 35-151
 MARATHON FL 33050-2735

2. Principal Place of Business

3. Mailing Address

4730 BAYWOOD DR.

4730 BAYWOOD DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
 LYNN HAVEN FL

City & State
 LYNN HAVEN FL

4. FEI Number 65-0425581

Applied For
 Not Applicable

Zip Country
 32444

Zip Country
 32444

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JAROS, ROBERT G
 5800 OVERSEAS HWY
 SUITE 35-151
 MARATHON FL 33050

Name JAROS, ROBERT

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

4730 BAYWOOD DR

City LYNN HAVEN

FL

Zip Code 32444

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: *Robert G. Jaros*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE 4/30/00

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

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 NAME STREET ADDRESS CITY-ST-ZIP	PST JAROS, ROBERT G. 5800 OVERSEAS HIGHWAY, #35-151 MARATHON FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAROS, ROBERT G. 5800 OVERSEAS HIGHWAY, #35-151 MARATHON FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST JAROS, ROBERT G. 4730 BAYWOOD DR LYNN HAVEN, FL 32444	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JAROS, ROBERT G. 4730 BAYWOOD DR LYNN HAVEN, FL 32444	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Robert G. Jaros
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CE 1 014 (9/99)