## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT #

P93000071188

1. Entity Name

COMAC HERITAGE, INC.



## **FILED** Mar 24, 2003 8:00 am Secretary of State

03-24-2003 90174 046 \*\*\*150.00

Principal Place of Business 3300 PGA BLVD 620 PALM BCH GDNS FL 33410-2811 US			Mailing Address 3300 PGA BLVD SUITE 620 PALM BCH GDNS FL 33410-811 US								
2. Principal Place of Business			3. Mailing Address					ii 60:111 00111 00111 101			
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State			& State			4.	4. FEI Number 65-0443332			Applied For Not Applicable	
Zip Country			Zip Cour			5.	. Certificate of Status Desir				
6. Name	Register	legistered Agent			7. Name and Address of New Registered Agent						
				=_	_ Name	==					
•					Street Address (P.O. Box Number is Not Acceptable)						
				İ							
PALM BCH GDNS FL 33410-2811				-	City				FL Zip Code		
		r the purp	ose of changing its	registere	d office or re	gistered a	agent, or both, in the State o	of Florida. I am fa	miliar with,	and accept	
Signature, typed	or printed name of registered agent	and title if app	slicable. (NOTE	Registered	Agent signature	required when	n reinstating)	DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State									<b>\$5.0</b> Added	<b>0</b> May Be I to Fees	
	OFFICERS AND	DIRECTO	RS	11.		Α	ADDITIONS/CHANGES TO	OFFICERS AND	DIRECTOR	S IN 11	
3300 PGA	BLVD SUITE 620		☐ Delete	NAME STREE	T ADDRESS				Change	Addition	
VSRD MCINTOSH 3300 PGA	, robert a BLVD suite 620		☐ Delete	TITLE NAME STREE	T ADDRESS		e-real-floorer		Change	Addition	
			☐ Delete	STREE	T ADDRESS				☐ Change	☐ Addition	
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	To the second se		☐ Delete		I .				☐ Change	Addition	
	INS FL 33410  Ilace of Busin #, etc.  6. Name 6. Name H, ROBERT BLVD GDNS FL  named entity ions of registr  Signature, typed ILE NOW!! May 1, 200 PTD COWIE, PE 3300 PGA PALM BCH VSRD MCINTOSH 3300 PGA	INS FL 33410-2811 Place of Business #, etc.  Country  6. Name and Address of Current  I, ROBERT A  BLVD  GDNS FL 33410-2811  named entity submits this statement for ions of registered agent.  Signature, typed or printed name of registered agent in the country of the country o	D 3300 SUITE INS FL 33410-2811 PALM US Place of Business 3. Ma #, etc. Suit  Country Zip 6. Name and Address of Current Registere A, ROBERT A BLVD GDNS FL 33410-2811  named entity submits this statement for the purplions of registered agent.  Signature, typed or printed name of registered agent and title if applications of the purplions of registered agent.  Signature, typed or printed name of registered agent and title if applications of the purplions of registered agent.  FILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of State  OFFICERS AND DIRECTO  PTD COWIE, PETER V 3300 PGA BLVD SUITE 620 PALM BCH GDNS FL VSRD MCINTOSH, ROBERT A 3300 PGA BLVD SUITE 620	D 3300 PGA BLVD SUITE 620 PALM BCH GDNS FL 3341 US    lace of Business   3. Mailing Address     #, etc.   Suite, Apt. #, etc.     Country   Zip     6. Name and Address of Current Registered Agent     14. ROBERT A     BLVD     15 GDNS FL 33410-2811     16 Inamed entity submits this statement for the purpose of changing its ions of registered agent.     17 Inamed entity submits this statement and litle if applicable.     18 GDNS FL 33410-2811     19 Inamed entity submits this statement for the purpose of changing its ions of registered agent.     18 GDNS FL 33410-2811     19 Inamed entity submits this statement for the purpose of changing its ions of registered agent.     19 Inamed entity submits this statement for the purpose of changing its ions of registered agent.     19 Inamed entity submits this statement for the purpose of changing its ions of registered agent.     10 Inamed entity submits this statement for the purpose of changing its ions of registered agent.     10 Inamed entity submits this statement for the purpose of changing its ions of registered Agent     10 Inamed entity submits this statement for the purpose of changing its ions of registered Agent     10 Inamed entity submits this statement for the purpose of changing its ions of registered Agent     10 Inamed entity submits this statement for the purpose of changing its ions of registered Agent     10 Inamed entity submits this statement for the purpose of changing its ions of registered Agent     10 Inamed entity submits this statement for the purpose of changing its ions of registered Agent     10 Inamed entity submits this statement for the purpose of changing its ions of registered Agent     10 Inamed entity submits this statement for the purpose of changing its ions of registered Agent     10 Inamed entity submits this statement for the purpose of changing its ions of registered Agent     10 Inamed entity submits this statement for the purpose of changing its ions of the purpose of changing its ions of the purpose of changing its ions of	D 3300 PGA BLVD SUITE 620 PALM BCH GDNS FL 33410-811 US    lace of Business	D 3300 PGA BLVD SUITE 620 PALM BCH GDNS FL 33410-811 US  lace of Business	D 3300 PGA BLVD SUITE 620 PALM BCH GDNS FL 33410-811 US lace of Business	D 3300 FGA BLVD SUITE 620  RS FL 33410-2811  Country  Cou	SUTE 250 PALM BCH GDNS FL 33410-2811 US  acce of Business  3. Mailing Address  4. FEI Number  5-0443332  Country  Country  Country  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name and Address of Current Registered Agent  City  City  City  City  City  City  FL  named entity submits this statement for the purpose of chenging its registered office or registered agent, or both, in the State of Florida. I am factors of registered agent are trial agenciance.  Sureaux Address (P.O. Box Number is Not Acceptable)  City  FL  Name  Street Address (P.O. Box Number is Not Acceptable)  Date  City  FL  Name  Sureaux Address (P.O. Box Number is Not Acceptable)  Date  City  FL  Name  Sureaux Address (P.O. Box Number is Not Acceptable)  Date  City  FL  Name  Sureaux Address (P.O. Box Number is Not Acceptable)  Date  City  FL  Name  Sureaux Address (P.O. Box Number is Not Acceptable)  Date  City  FL  Name  Sureaux Address (P.O. Box Number is Not Acceptable)  Date  City  FL  Address (P.O. 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Box Number is Not Acceptable)  Date	SITE 620 PAIM BCH CDNS FL 33410-2811 US Country Zip Country Zip Country Zip Country Zip Country Zip Country Site Address of Current Registered Agent Name Address of New Registered Agent Name Street Address (R.O. Box Number is Not Acceptable)  US Street Address (R.O. Box Number is Not Acceptable)  US Street Address (R.O. Box Number is Not Acceptable)  US Street Address (R.O. Box Number is Not Acceptable)  US Street Address (R.O. Box Number is Not Acceptable)  US Street Address (R.O. Box Number is Not Acceptable)  US Street Address (R.O. Box Number is Not Acceptable)  US Street Address (R.O. Box Number is Not Acceptable)  US Street Address (R.O. Box Number is Not Acceptable)  US Street Address (R.O. Box Number is Not Acceptable)  US Street Address (R.O. Box Number is Not Acceptable)  US Street Address (R.O. Box Number is Not Acceptable)  US Street Address (R.O. Box Number is Not Acceptable)  US Street Address (R.O. 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indicated on this report or supplied with this mining 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 suppliemental 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:** 

Robert A. McIntosh 03/03/03 (561)775-7393

Daytime Phone #