

2000 UNIFORM BUSINESS REPORT (UBR)

2/7

FILED
Apr 27, 2000 8:00 am
Secretary of State

02-07-2000 90052 017 ***150.00

DOCUMENT # P94000018455

1. Entity Name

COMRUN CORPORATION

Principal Place of Business

Mailing Address

3202 SAWGRASS VILLAGE CIR.
 PONTE VEDRA BEACH FL 32082
 US

3202 SAWGRASS VILLAGE CIR.
 PONTE VEDRA BEACH FL 32082-5039
 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3225885

Applied For

Not Applicable

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

~~BARTLETT, HECKIN~~
 50 HWY A1A #103
 PONTE VEDRA BCH FL 32082

Bartlett and Deal P.A.

Name

BARON BARTLETT, P.A. Pres

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

50 Hwy A1A Suite 103

City

Ponte Vedra FL

FL

Zip Code

32082

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3/19/00

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

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	WALL, EDWARD	
STREET ADDRESS	3202 SAWGRASS VILLAGE CIR.	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	

TITLE	VPD	<input type="checkbox"/> Delete
NAME	LENDRY, BRYAN	
STREET ADDRESS	3202 SAWGRASS VILLAGE CIR.	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	

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

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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CITY-ST-ZIP		

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

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Bryan J. Lendry