

# 2000 UNIFORM BUSINESS REPORT (UBR)

2/7

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

Bartlett and Deal P.A.

Name: BARON BARTLETT, P.A.

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

50 Hwy A1A Suite 103

City: Ponte Vedra 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  
NAME: WALL, EDWARD  
STREET ADDRESS: 3202 SAWGRASS VILLAGE CIR.  
CITY-ST-ZIP: PONTE VEDRA BEACH FL 32082

☐ Delete

TITLE: VPD  
NAME: LENDRY, BRYAN  
STREET ADDRESS: 3202 SAWGRASS VILLAGE CIR.  
CITY-ST-ZIP: PONTE VEDRA BEACH FL 32082

☐ Delete

TITLE:   
NAME:   
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Add

TITLE:   
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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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Bryan J. Lendry

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

02-07-2000 90052 017 \*\*\*150.00



DO NOT WRITE IN THIS SPACE