

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P940000058854**

1. Entity Name

COMTRADE OF PONTE VEDRA INC R

Principal Place of Business

Mailing Address

**353 CROSSROAD LAKES DRIVE
PONTE VEDRA BEACH FL 32082**

2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

ST. SAO

Zip

Country

ST. SAO

4. FEI Number

59-3258317

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BARON BARTLETT
50 HIGHWAY AAA NORTH
PONTE VEDRA BEACH FL 32082**

7. Name and Address of New Registered Agent

Name

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

City

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

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**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

**PRESIDENT
SEE GIORGIO AZZACIN
353 CROSSROAD LAKES DR
PONTE VEDRA BEACH, FL**

☐ Delete

TITLE
NAME
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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/23/00

Date

Daytime Phone #

CR2E034 (9/99)



GUNN & COMPANY, P.A.
CERTIFIED PUBLIC ACCOUNTANTS

Attachment
D# 09400050001
00082342

MARSHALL D. GUNN, JR., CPA/PFS, CFP

DAVID P. BARLEY, SR., CPA, MBA
SONNY F. MARTIN, CPA, CIA
VICKY G. WILD, CPA

4345 SOUTHPOINT BLVD., SUITE 100
JACKSONVILLE, FLORIDA 32216
TELEPHONE 904/296-2024
FAX 904/296-0054
gunncocpa@aol.com

August 8, 2000

Uniform Business Report
Division of Corporations
Post Office Box 1500
Tallahassee, FL 32302-1500

Dear Sir or Madam:

Re: Blue Way, Inc. FEI # 59-3476010
Comtrade of Ponte Vedra, Inc. FEI# 59-3258317

Giorgio Azzalin of Blue Way, Inc. and Comtrade of Ponte Vedra, Inc. never received your first or second notice for his company's Uniform Business Report fee. He realized this when a pending sale turned up the fact that the companies were not registered with the State this year.

We respectfully request that you accept payment of \$150.00 as renewal for my client's annual report. These companies pay their bills by the due date, but do not have a formal system for triggering annual or nonrecurring payments other than the actual receipt of the bill. For this reason, they have no way of knowing that a payment was due to the State of Florida unless the notice was actually received.

If you have any questions, please do not hesitate to contact me directly. Thank you for your cooperation and understanding in resolving this matter.

Yours very truly,

Sonny F. Martin, CPA



The CPA. Never Underestimate The Value.

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Members of the Florida Institute of Certified Public Accountants