

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90014 038 ***150.00

DOCUMENT # P95000090692

1. Entity Name
COMIND PROPERTIES, INC.

Principal Place of Business Mailing Address
~~807 S MAIN STREET~~ ~~P.O. BOX 158~~
~~WILDWOOD FL 34785~~ ~~WILDWOOD FL 34785~~
~~US~~ ~~US~~

New Address



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
4100 NW Blichton Rd (Hwy 27) **4100 NW Blichton Rd (Hwy 27)**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State 4. FEI Number **59-3357736** Applied For
Ocala, FL **Ocala, FL** Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired **\$8.75 Additional Fee Required**
34482 USA 34482 USA

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
STALEY, MARLENE Name
807 S MAIN ST Street Address (P.O. Box Number is Not Acceptable)
WILDWOOD FL 34785 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 *Marlene Staley* DATE *3-5-01*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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	PVST STALEY, MARLENE 807 S MAIN ST WILDWOOD FL 34785 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STALEY, MARLENE 807 S MAIN ST WILDWOOD FL 34785 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Marlene Staley* Date *3/5/01* Daytime Phone # *352 671-4601*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)