

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.

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

New Address



DO NOT WRITE IN THIS SPACE

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| 2. Principal Place of Business 4100 NW Blichton Rd (Hwy 27) Suite, Apt. #, etc. | 3. Mailing Address 4100 NW Blichton Rd (Hwy 27) Suite, Apt. #, etc. |
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|----------------------------------|----------------------------------|------------------------------------|--|
| City & State Ocala, FL | City & State Ocala, FL | 4. FEI Number 59-3357736 | Applied For <input type="checkbox"/> Not Applicable |
| Zip 34482 | Country USA | Zip 34482 | Country USA |

| | | |
|--|---|---|
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | 6. Name and Address of Current Registered Agent STALEY, MARLENE 807 S MAIN ST WILDWOOD FL 34785 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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) <input type="checkbox"/> | 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. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 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* **3/5/01** **352**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **671-4601**

CR2E034 (10/00)