## FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## FILED Apr 23, 2002 8:00 am Secretary of State

DOCUMENT # PGOOD TUIN,							04-23-2002 90440 003 ***150.00			
COMTEC POLYMERS, INC.										
DO NOT WRITE IN THIS SPACE										
2. Principal Place of Business 2301 WAITLAND CENTER PKWY.										
Suite, Apt. #, etc. SUITE 240 Suite, Apt. #, etc.						DO NOT WRITE IN THIS SPACE				
City & Sta	TLAND	, FL	City & State			4. FEI N	umber 5-069461	5	Applied For Not Applicable	
Zip 32	751	Country USA	Zip	Count	ту		cate of Status Desired	□ \$8	3.75 Additional Required	
7. Name and Address of Current Registered Agent										
DO NOT WAITE Name JAMES ASHTON										
DO NOT WRITE IN THIS SPACE					Street Address (P.O. Box Number is Not Acceptable) 2301 WAITLAND CENTER PKWY					
					SUITE					
					CityMAIT	LAN		FL	Zio Code 32.751	
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.										
$00MJ_{\perp}$										
"SIGNATURE		It cheld	<u> </u>				4	-10 - D	2	
, ,i	Signature, typed or	fitted name of Tegistered agent an	when reinstating	g)	DATE					
Tax filing requirement and elects to do so.  (See criteria on back)  After May 1,  Amended					y 1 Fee is \$150.00 Fee is \$550.00 UBR is \$61.25		Election Campaign Fin Trust Fund Contribution		\$5.00 May Be Added to Fees	
11.	<del></del>	OFFICERS AND D	Make Check Payable		partment of State		Mark and large to the American color.	ชา- เล <del>ฮาคาเสาห์ไฟใชม่าน</del>	R PART WAS A VIOLEN	
TITLE	P/D			TITLE		0.75 Y C				
NAME	DAVIO	J. DER HAGO	PIAN	NAME				1.44.53		
STREET ADDRESS	1		W PKWY # 340	新りは残骸が	TADORESS .				ď	
City-SI-ZIP	MAITLA	two, FL	32751	CITY-S	ned selection and accompanies and	n statility in the	Mark Const. Tours	Total Mark		
TITLE NAME	V/D									
STREET ADDRESS	MICHAEL CLIFTON 2301 MAITLAND CTR PKWY #240			NAME STREET	ADDRESS		W. (1984)			
CITY-ST-ZIP	MAITLA	NO FL	32751	CITY-S	ST-ZIP" A SEP AND					
TITLE	5/0			TITLE	1454 1441	4				
NAME STREET ADDRESS									A A	
CITY-ST-ZIP	IM AUTH	lnb, FL 3	12 7 C 1	CITY-S	ADDRESS T. 740		DO NOT	WRIT		
TITLE	- / D			TILE	tor of the British	The state of the	and the second and th	Services of a services	to the government of the second	
NAME	JAME	s ASHTON	R PKWY , #240	NAME			IN THIS S	SPACE		
STREET ADDRESS	2301 1	uaitland ci	R PKWY , #240	100000000000000000000000000000000000000	ADDRESS 3 3 3 3					
CITY-ST-ZIP	MAITLA	NO , FL 32-	751	CITY-S	T:ZIP	13.02.64	T# 775 W., #477	M. Linera		
TITLE NAME				INLE		的人名为			(7.45/24/25/5)	
STREET ADDRESS				Page State of the	ADDRESS			<b>意思外域</b> 。		
CITY-ST-ZIP				CITY-S	I-ZIP	7.65 (2.00 - 17.5 7.05 (2.10 - 18.5)		ENDANA ELEKTRIST		
TITLE				TITLE		Park State			775-875-835-9	
NAME .		•		NAME						
STREET ADORESS CITY-ST-ZIP	•			STREET COTY S	ADDRESS				W. Antonio Company	
13. Thereby o	certify that the in	formation supplied with the	is filing does not qualify for th	e evemi	ntion stated in Sect	tion 119 07	(3)(i) Florido Stationa **	Constitution and the	Martino Information	
13. I hereby certify that the information supplied with this filling 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 eath; 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 on an attachment with an address, with all other like empowered.										

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR