

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**

05-11-2000 90005 050 \*\*\*150.00

**DOCUMENT # P96000103295**

1. Entity Name

COMUSA, INC.

Principal Place of Business

Mailing Address

3 MAGNOLIA DR. SOUTH  
 ORMOND BEACH FL 32174

P. O. BOX 3584  
 NEW BERN NC 28564-3584

2. Principal Place of Business

3. Mailing Address

635 Marine Point Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Daytona Beach, Fl.

Zip  
32114

Country  
Volusia

Zip

Country

4. FEI Number **59-3454129**

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

KRAMER, ROBERT E  
 555 W. GRANADA BLVD., STE. A-9  
 ORMOND BEACH FL 32174

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)

**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
DP	HAMILTON, MARY M	P.O. BOX 72 N/A	ORMOND BEACH FL 32175	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
DVP	HAMILTON, DAVIS	P. O. BOX 72 N/A	ORMOND BEACH FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VPS	HAMILTON, VIRGINIA G.	1706 RHEM AVE.	NEW BENN N.	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
T	THOMAS, JEFF	1706 RHEM AVE.	NEW BENN N.	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

*Virginia J. Hamilton*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-00 252-638-1493  
 Date Daytime Phone #