

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000103295

1. Entity Name

COMUSA, INC.

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

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

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

Country

32114

Volusia

Zip

Country

4. FEI Number 59-3454129

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

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 DP  
NAME HAMILTON, MARY M  
STREET ADDRESS P.O. BOX 72 N/A  
CITY-ST-ZIP ORMOND BEACH FL 32175 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DVP  
NAME HAMILTON, DAVIS  
STREET ADDRESS P. O. BOX 72 N/A  
CITY-ST-ZIP ORMOND BEACH FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VPS  
NAME HAMILTON, VIRGINIA G.  
STREET ADDRESS 1706 RHEM AVE.  
CITY-ST-ZIP NEW BENN N. ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE T  
NAME THOMAS, JEFF  
STREET ADDRESS 1706 RHEM AVE.  
CITY-ST-ZIP NEW BENN N. ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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

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