

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000103295

1. Entity Name
COMUSA, INC.

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-07-2001 90624 008 ***150.00

Principal Place of Business
MAR 1991
635 MORINA POINT DR.
DAYTONA BEACH FL 32114

Mailing Address
P. O. BOX 3584
NEW BERN NC 28564



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3454129		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip		Zip		Country			
		Ormond Beach, FL		USA			

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
State		State	
Zip Code		Zip Code	
KRAMER, ROBERT E 555 W. GRANADA BLVD., STE. A-9 ORMOND BEACH FL 32174		FL	

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) <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	DP	TITLE	DP
NAME	HAMILTON, MARY M	NAME	Hamilton, Davis
STREET ADDRESS	P.O. BOX 72 N/A	STREET ADDRESS	P.O. Box 72
CITY-ST-ZIP	ORMOND BEACH FL 32175	CITY-ST-ZIP	Ormond Beach, FL 32175
TITLE	DVP	TITLE	
NAME	HAMILTON, DAVIS	NAME	
STREET ADDRESS	P. O. BOX 72 N/A	STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL	CITY-ST-ZIP	
TITLE	VPS	TITLE	
NAME	HAMILTON, VIRGINIA G.	NAME	
STREET ADDRESS	1706 RHEM AVE.	STREET ADDRESS	
CITY-ST-ZIP	NEW BENN N.	CITY-ST-ZIP	
TITLE	T	TITLE	
NAME	THOMAS, JEFF	NAME	
STREET ADDRESS	1706 RHEM AVE.	STREET ADDRESS	
CITY-ST-ZIP	NEW BENN N.	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *Virginia G. Hamilton* *Davis Hamilton* *3/19/01* *386-672-1027*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (10/00)