2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State
05-23-2001 91190 038 ***150.00

DOCUMENT # - P98000041514

1. Entity Name
COMCODE CORPORATION

Principal Place of Business
505 Avenue A, NW STE 307
Winter Haven, FL 33881

Mailing Address
505 Avenue A NW STE 307
Winter Haven, FL 33881

C0070313

2. Principal Place of Business	3. Mailing Address
PO Box 1527	PO Box 1527
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Winter Haven, FL	City & State: Winter Haven, FL
Zip: 33882 Country: USA	Zip: 33882 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 593509175 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
William H. Sands
505 Avenue A, NW STE 307
Winter Haven, FL 33881

7. Name and Address of New Registered Agent
Name ~~200 Ave B NW~~ William H. Sands
Street Address (P.O. Box Number is Not Acceptable) 200 Ave B. NW
City Winter Haven, FL FL Zip Code 33881

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 William H. Sands 5/1/01
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, 2001 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	~~Director~~ D ☑ Delete	TITLE	~~Director~~ P/D ☑ Change ☐ Addition
NAME	William H. Sands	NAME	William H Sands
STREET ADDRESS	505 Ave A. NW, STE 307	STREET ADDRESS	200 Ave B NW
CITY-ST-ZIP	Winter Haven, FL 33881	CITY-ST-ZIP	Winter Haven, FL 33881
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (11/00)

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: William H. Sands, Director President 5/1/01 863-287-1297
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #