

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 02, 2000 8:00 am
Secretary of State

05-02-2000 90057 022 ***158.75

DOCUMENT # P98000072789

1. Entity Name

COMAYS CORPORATION OF OCALA

Principal Place of Business

Mailing Address

5675 S.E. 35TH STREET *(Handwritten: Home)*
OCALA FL 34471

P.O. BOX 830073
OCALA FL 34483-0073

2. Principal Place of Business

3. Mailing Address

7440 SE Maricamp

P.O. B 830073

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#2

City & State

Ocala

City & State

Ocala FL

4. FEI Number

59-3540700

Applied For

Not Applicable

Zip

FL 34472

Country

USA

Zip

34472

Country

USA

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

DOWNIE, CORA M
5675 S.E. 35TH STREET
OCALA FL 34471

Name

CORA M Downie

Street Address (P.O. Box Number is Not Acceptable)

5675 SE 35th ST.

City

Ocala

FL

Zip Code

34471

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

(Handwritten: Cora M Downie)

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-24-00

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	D	<input type="checkbox"/> Delete
NAME	DOWNIE, CORA M	
STREET ADDRESS	5675 S.E. 35TH STREET	
CITY-ST-ZIP	OCALA FL 34471	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

(Handwritten: Cora M Downie)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-00

Date

352-687-8860

Daytime Phone #