

**FOR PROFIT CORPORATION-
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90091 004 ***150.00

DOCUMENT # **P99000047598**

1. Entity Name

Comanche 5176 P, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**400 South Dixie Hwy
Suite, Apt. #, etc.
110**

3. Mailing Address

Suite, Apt. #, etc.

SAME

DO NOT WRITE IN THIS SPACE

City & State

Boca Raton, FL

City & State

SAME

4. FEI Number

650938247

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Robert L. Baker

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

400 S. Dixie Hwy. Suite 110

City

Boca Raton

FL

Zip Code

33432

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	President, Director, Secretary Robert L. Baker 400 S. Dixie Hwy. Suite 110 Boca Raton, FL 33432
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Nick Preble
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice-President, Treasurer, Director Nick Preble 381 N.W. 46th Ave. Deerfield Beach, Florida 33442
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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert L. Baker, President 4-29-02 561-395
Date Daytime Phone # **1663**

CR2E034B (12/01)