

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 16, 2000 08:00 AM**
Secretary of State**DOCUMENT # P99000069030****1. Entity Name**
COMACS.COM, INC.**Principal Place of Business**

1828 WIND WILLOW ROAD

ORLANDO
32809

FL

Mailing Address

1828 WIND WILLOW ROAD

ORLANDO
32809

FL

2. Principal Place of Business
632 STANHOPE DRIVE**3. Mailing Address**
632 STANHOPE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
CASSELBERRY

FL

City & State
CASSELBERRY

FL

4. FEI Number☒ Applied For
☐ Not Applicable**Zip**
32707**Country****Zip**
32707**Country****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**SCHONEBERG RAINALD J
1828 WIND WILLOW ROADORLANDO
32809

FL

Name

SCHONEBERG RAINALD J

Street Address (P.O. Box Number is Not Acceptable)
632 STANHOPE DRIVE**City**
CASSELBERRY**FL****Zip Code**
32707**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** **RAINALD J SCHONEBERG****04/16/2000**

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	D	<input type="checkbox"/> Delete
NAME	SCHONEBERG RAINALD J	
STREET ADDRESS	1828 WIND WILLOW ROAD	
CITY-ST-ZIP	ORLANDO FL 32809	

TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHONEBERG RAINALD J		
STREET ADDRESS	632 STANHOPE DRIVE		
CITY-ST-ZIP	CASSELBERRY FL 32707		

TITLE	PVST	<input type="checkbox"/> Delete
NAME	SCHONEBERG RAINALD J	
STREET ADDRESS	1828 WIND WILLOW ROAD	
CITY-ST-ZIP	ORLANDO FL 32809	

TITLE	PVST	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHONEBERG RAINALD J		
STREET ADDRESS	632 STANHOPE DRIVE		
CITY-ST-ZIP	CASSELBERRY FL 32707		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:** Rainald J Schoneberg

P 04/16/2000