

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000072352**

1. Entity Name

COMAD INTERNET FX, CORPORATION

Principal Place of Business

**145-108TH AVE. SUITE 4
TREASURE ISLAND FL 33706**

Mailing Address

**145-108TH AVE. SUITE 4
TREASURE ISLAND FL 33706-4747**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**MAKRAUER, GEORGE A
145-108TH AVE, SUITE 4
TREASURE ISLAND FL 33706**

Name

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

City

4. FEI Number

59-3611259Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

7. Name and Address of New Registered Agent

FL Zip Code

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) ☐**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

TITLE	D	<input type="checkbox"/> Delete
NAME	MAKRAUER, GEORGE A	
STREET ADDRESS	145-108TH AVE, SUITE 4	
CITY-ST-ZIP	TREASURE ISLAND FL 33706	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAKRAUER, TAARON D	
STREET ADDRESS	145-108TH AVE, SUITE 4	
CITY-ST-ZIP	TREASURE ISLAND FL 33706	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED**Jan 18, 2000 8:00 am
Secretary of State**

01-18-2000 90015 019 ***150.00

600632

DO NOT WRITE IN THIS SPACE