2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P01000046147

Mailing Address

3. Mailing Address

City & State

Suite, Apt. #, etc.

6555 N POWERLINE RD STE 202

FT LAUDERDALE FL 33309

FILED

03 SEP 25 PM 4: 07

SECRETARY OF STATE





	CHECK HERE IF MAKING CHA	NG	ES	9
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65-1099689 Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired Fee Required

4. FEI Numi

7. Name and Address of New Registered Agent

City Mani	FL	Z39139

			///AM/	16 33/3	
	The above named entity submits this etatement for the purpose of the obligations of registered agent.	of changing it	s registered office or registered agent, or both, in the Stat	te of Florida. I am familiar with, and acc	cept
	Jef Hand	Son .		9-23-03	
SII	GNATURE Signature, typed or printed name of registered agent and title if applicable		TE: Registered Agent signature required when reinstating)	DATE	-

FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State

6. Name and Address of Current Registered Agent

DOCUMENT#

Principal Place of Business

FT LAUDERDALE FL 33309

DAVIDSON, PETE 2710 NW 88TH TERRACE FORT LAUDERDALE FL 33065

6555 N POWERLINE RD STE 202

COMJET SYSTEMS CORP

1. Entity Name

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. ☐ Addition TITLE Delete TITLE NAME DAVIDSON, PETE NAME 6555 N POWERLINE RD STE 202 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL 33309 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS 700023338407 CITY-ST-ZIP . CITY-ST-ZIP ****150.00** Delete ☐ Change ☐ Addition TITLE TITLE 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

12. I hereby certify that the information supplied with this filling 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 the and accurate and the 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 amplitude to execute the corporation of the receiver or trustee amplitude to execute the receiver of the corporation of the receiver or trustee amplitude to execute the receiver of the receiver of trustee amplitude to execute the receiver of trustee. of the corporation or the receiver or truste changed, or on an attachment with an ad-

SIGNATURE:

CR2E034

September 23, 2003

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL. 32302

Reference: Annual Filing Report

To whom it may concern:

Due to circumstances beyond our control these reports are being filed past the required due date. A private individual that was handling our corporate bookkeeping and State & municipal filings had left town without notice, we could not contact anyone regarding the possession of our paperwork and documents. A storage company recently contacted us about storage files that were found after cleaning out the storage unit where the individual kept some of his belongings.

We kindly ask forgiveness for late filing fees due to the circumstances involved. In all honesty without the mail notices I would never think about the filing. I appreciate any consideration you may grant us.

Respectfully Sincerely,

Pete Davidson President