

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **K24605**

1. Entity Name

**COMPREHENSIVE BUSINESS SYSTEMS, INC.**

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90041 020 \*\*\*150.00

Principal Place of Business	Mailing Address
4101 RAVENSWOOD RD STE 113 DANIA FL 33312 US	4101 RAVENSWOOD RD SUITE 113 DANIA FL 33312-5351 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	<b>65-0051259</b>	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

HILL, STUART B.  
~~600 SW 100TH AVE~~ 4101 RAVENSWOOD RD. STE 113  
 PEMBROKE PINES FL 33025 FT. LAUDERDALE, FL  
 33312

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City **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	PSD	<input type="checkbox"/> Delete
NAME	HILL, STUART B.	
STREET ADDRESS	<del>600 SW 100TH AVE</del>	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	FONS, LAWRENCE P	
STREET ADDRESS	4101 RAVENSWOOD RD, SUITE 113	
CITY-ST-ZIP	DANIA FL 77	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4101 RAVENSWOOD RD. STE. 113	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33312	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE, FL 33312	

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: **Stuart B. Hill** 4/10/00 954-327-7442  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)