

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90007 006 ***150.00

DOCUMENT # P00000075635

1. Entity Name
COMPCHECK RISK SERVICES, INC.

Principal Place of Business
**12914 PROSPERITY FARMS RD.
 NORTH PALM BEACH FL 33410**

Mailing Address
**12914 PROSPERITY FARMS RD.
 NORTH PALM BEACH FL 33410**

2. Principal Place of Business

3. Mailing Address

4300 So. U.S. Hwy. 1

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 203-205

City & State

City & State

JUPITER, FLORIDA

Zip

Country

Zip

Country

33477

Palm Bch



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1034385

Applied For

Not Applicable

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

**SMITH, JAY R
 12914 PROSPERITY FARMS RD.
 NORTH PALM BEACH FL 33410**

Name **SMITH, JAY R.**

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

4300 So. U.S. Hwy 1

Suite 203-205

City **JUPITER**

FL

Zip Code

33477

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 **JAY R. SMITH**

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

1/29/02
 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, 2002 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** ☐ Delete
 NAME **SMITH, JAY R**
 STREET ADDRESS **12914 PROSPERITY FARMS RD.**
 CITY-ST-ZIP **NORTH PALM BEACH FL 33410**

☒ Change ☐ Addition
 TITLE **4300 So. U.S. Hwy 1, Ste. 203-205**
 NAME **JUPITER, FL 33477**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition
 TITLE
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☐ Change ☐ Addition
 TITLE
 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:

JAY R. SMITH
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/02
 Date

561 799-5963
 Daytime Phone #

CR2E034 (9/01)