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05-07-2003 90157 035 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000101793			
1. Entity Name COMPREHENSIVE BUSINESS SERVICES, INC.			
Principal Place of Business 21 ARBOR CLUB DR. #317 PONTE VEDRA, FL 32082		Mailing Address 21 ARBOR CLUB DR. #317 PONTE VEDRA, FL 32082	
2. Principal Place of Business <i>1481 Marsh View Ct</i> Suite, Apt. #, etc.		3. Mailing Address <i>1481 Marsh View Ct</i> Suite, Apt. #, etc.	
City & State <i>Atlantic Beach, FL</i>		City & State <i>Atlantic Beach, FL</i>	
Zip <i>32233</i>		Zip <i>32233</i>	
Country		Country	
4. FEI Number <i>01-0746765</i>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
JOHNSON, SHARON 21 ARBOR CLUB DR. #317 PONTE VEDRA, FL 32082		Name Street Address (P.O. Box Number is Not Acceptable) <i>1481 Marsh View Ct</i> City <i>Atlantic Beach</i> FL Zip Code <i>32233</i>	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE: <i>Sharon Johnson</i>		DATE:	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			
TITLE <input type="checkbox"/> Delete		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME STREET ADDRESS CITY - ST - ZIP	<i>D JOHNSON, SHARON 21 ARBOR CLUB DR. #317 PONTE VEDRA, FL 32082</i>	TITLE	
NAME STREET ADDRESS CITY - ST - ZIP		TITLE	
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NAME STREET ADDRESS CITY - ST - ZIP		TITLE	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 10 or Block 11 if changed, or on an exhibit thereto with an address, title, or other title empowered.			
SIGNATURE: <i>Sharon Johnson</i>		DATE: <i>4/29/03</i>	

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CHECK HERE IF MAKING CHANGES

CORRECTOR (10/02)