

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

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90057 040 ***150.00

DOCUMENT #

1. Entity Name

Comps, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

INACTIVE

69 Perry Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bayville, NY

4. FEI Number

90-0067119

Applied For

Not Applicable

Zip

Country

Zip

Country

11709

Nassau

5. Certificate of Status Desired

\$8.75 Additional Fee Required

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**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name - Brian J. Davis

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

7121 Fairway Drive Ste 201

City Palm Beach Gardens FL

Zip Code 33418

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1, Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution.

\$5.00 May Be

Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: President
NAME: Keith J. Larsen
STREET ADDRESS: 69 Perry Ave
CITY-ST-ZIP: Bayville, NY 11709

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: Sec/Treas
NAME: Lynne M. Larsen
STREET ADDRESS: 69 Perry Ave
CITY-ST-ZIP: Bayville, NY 11709

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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Keith J. Larsen* Keith J. Larsen *2/26/04* 5766760400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Secretary Phone #