

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000003582

1. Entity Name

COMVEST INTERNATIONAL INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90115 044 ***150.00

Principal Place of Business

Mailing Address

283 CHEYENNE WAY
~~P O BOX 1067~~
ZEPHYR COVE NV 89448
US

P.O. BOX 1067
ZEPHYR COVE NV 89448-1067
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

283 Cheyenne Way

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ZEPHYR COVE, NV

City & State

4. FEI Number

88-0307720

Applied For

Not Applicable

Zip

Country

89448 USA

Zip

Country

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

HIRTREITER, RICHARD P
SUITE 408
535 CENTRAL AVENUE
ST PETERSBURG FL 33701

Name

RICK HALL - GTR Radio Comm. Inc.

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

18628 BEVEDERE RD

City

ORLANDO

FL

32820

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

Rick Hall

RICK HALL, PRESIDENT

2-17-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PC	<input type="checkbox"/> Delete
NAME	CLOTHIER, GENE L	
STREET ADDRESS	283 CHEYENNE WAY, PO BOX 1067	
CITY-ST-ZIP	ZEPHYR NV	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	CLOTHIER, GENE L.	
STREET ADDRESS	283 CHEYENNE WAY, PO BOX 1067	
CITY-ST-ZIP	ZEPHYR COVE NY	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANTOINETTE R. CLOTHIER	
STREET ADDRESS	283 CHEYENNE WAY / PO BOX 1067	
CITY-ST-ZIP	ZEPHYR COVE, NV 89448	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, and am otherwise empowered.

SIGNATURE:

Gene L. Clothier
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GENE L. CLOTHIER

Date

Daytime Phone #

775-588-1891

CR2E034 (9/99)