

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F98000000776**

1. Entity Name

COMPETITIVE RESOURCES INC.**FILED**
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90062 002 ***150.00

Principal Place of Business

**533 GREENBRIER AVE
CELEBRATION FL 34747**

Mailing Address

**533 GREENBRIER AVE
CELEBRATION FL 34747**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

77-0457680

Applied For

Not Applicable

Zip

Country

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

**RICHARDSON, LAWRENCE S
533 GREENBRIER AVE
CELEBRATION FL 34747**

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	CP	KEMPER, ROBERT C	12290 MACDONALD DR OJAI CA 93023	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	DV	ANDERS, JOHN	3930 SEA GRAPE CIR DELRAY BEACH FL 33445	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	DS	CAHILL, DOUG	2291 HEBRON AVE. GLASTONBURY CT 06033	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	DT	RICHARDSON, LAWRENCE S	533 GREENBRIER AVE CELEBRATION FL 34747	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-2001

Date

407-566-8330

Daytime Phone #

CP2E034 (10/00)