

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000000776

1. Entity Name
COMPETITIVE RESOURCES INC.

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

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

77-0457680

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

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, 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

TITLE CP
NAME KEMPER, ROBERT C
STREET ADDRESS 12290 MACDONALD DR
CITY-ST-ZIP OJAI CA 93023 ☐ Delete

TITLE DV
NAME ANDERS, JOHN
STREET ADDRESS 3930 SEA GRAPE CIR
CITY-ST-ZIP DELRAY BEACH FL 33445 ☐ Delete

TITLE DS
NAME CAHILL, DOUG
STREET ADDRESS 2291 HEBRON AVE.
CITY-ST-ZIP GLASTONBURY CT 06033 ☐ Delete

TITLE DT
NAME RICHARDSON, LAWRENCE S
STREET ADDRESS 533 GREENBRIER AVE
CITY-ST-ZIP CELEBRATION FL 34747 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 854 Thomas ST
CITY-ST-ZIP OAK VIEW, CA 93022 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-2002 407-526-8330

Date

Daytime Phone #

CR2E034 (9/01)

8885555555
AV

FILED
Jan 10, 2002 8:00 am
Secretary of State

01-10-2002 90006 017 ***150.00