

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 08, 2003 8:00 am**  
**Secretary of State**

01-08-2003 90030 022 \*\*\*150.00

**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

4. FEI Number  
**77-0457680**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**

After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
NAME **CP KEMPER, ROBERT C**  
STREET ADDRESS **854 THOMAS STREET**  
CITY-ST-ZIP **OAK VIEW CA 93022**

TITLE  Change  Addition  
NAME **KEMPER, ROBERT C**  
STREET ADDRESS **1250 FAIRVIEW COURT**  
CITY-ST-ZIP **OJAI, CA 93023**  
ADDRESS

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

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **LAWRENCE S. RICHARDSON**

1/6/03 Date 407-566-8330 Daytime Phone #

CR2E034 (10/02)