

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000001683

1. Entity Name

COMP TASKS, INC.

**FILED**  
**Mar 28, 2000 8:00 am**  
**Secretary of State**

03-28-2000 90045 025 \*\*\*158.75

Principal Place of Business

Mailing Address

1040 WOODCOCK ROAD - PALMETTO BUILDING  
ORLANDO FL 32803

1040 WOODCOCK ROAD - PALMETTO BUILDING  
ORLANDO FL 32803-3525

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-2449349

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAMB, BARBRA J  
1040 WOODCOCK ROAD - PALMETTO BUILDING  
ORLANDO FL 32803

Name

CAROLL WADE

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

2626 NANCY STREET

City

ORLANDO

FL

Zip Code

32806

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 Carroll R. Wade

REGISTERED AGENT

3-23-00

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 PVC  
NAME MCKENZIE, WILLIAM H  
STREET ADDRESS 2795 GREENVALLEY ROAD  
CITY-ST-ZIP SNELLVILLE GA 30078  
☒ Delete

TITLE V  
NAME WALSHE, TERENCE P  
STREET ADDRESS 7510 COLONY DRIVE  
CITY-ST-ZIP CUMMING GA 30131  
☐ Delete

TITLE SD  
NAME LAMB, BARBRA J  
STREET ADDRESS 1804 GRAYSON HIGHWAY  
CITY-ST-ZIP GRAYSON GA 30017  
☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE 5  
NAME DIANE J. LAMB  
STREET ADDRESS 503 RIVERCREST DRIVE  
CITY-ST-ZIP WOODSTOCK, GA 30188-4224  
☐ Change ☒ Addition

TITLE  
NAME PRESIDENT  
STREET ADDRESS TERENCE P. WALSHE  
CITY-ST-ZIP 710 DRIFFIELD WAY  
ALPHARETTA GA 30004  
☒ Change ☐ Addition

TITLE  
NAME REGISTERED AGENT  
STREET ADDRESS CAROLL WADE  
CITY-ST-ZIP 2626 NANCY STREET  
ORLANDO, FL 32806  
☐ 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:

TERENCE P WALSHE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09 MAR 00

Date

770 640 221

Daytime Phone #

CR2E034 (9/99)