

# 2000 UNIFORM BUSINESS REPORT (UBR)

Page 1 of 2

DOCUMENT # F99000003588

FILED

01 JAN -2 PM 12:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Entity Name

Comprehensive Assessment  
Services, Inc.

Principal Place of Business

Mailing Address

1219 Tallavast Road  
Sarasota, FL 34243

SALE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

34-1622063

Applied For

Not Applicable

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

F. Steven Herb  
2070 Ringling Blvd  
Sarasota, FL 34237

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	President Gerald Casbr 1219 Tallavast Road Sarasota, FL 34243	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Sherie Reumann 1219 Tallavast Road Sarasota, FL 34243	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Sherie Reumann 1219 Tallavast Road Sarasota, FL 34243	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Sherie Reumann S. Reumann

12-4-00 941-359-9990

Date

Daytime Phone #

CR2E034 (5/00)

Page 1 of 2

**Sound Parts, Inc.**

1219 Tallevast Road, Sarasota, Florida 34243  
941.359.999 800.989.1555 Fax: 941.360.8999

25<sup>th</sup> October 2000

Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, Florida 32314-6327

**TO WHOM IT MAY CONCERN:**

**RE: NOTICE OF ADMINISTRATIVE DISSOLUTION OR REVOCATION -**  
**Document # F98000006174 Sound Parts, Inc. and Document # F99000003588**  
**Comprehensive Assessment Services, Inc.**

With reference to the above matter, we wish to notify you that we have checked our records, and have no record of receiving any reminders or prior notification of expiration to this effect. It is our general company policy to attend to matters such as this in a timely manner and we would have responded to such a reminder immediately.

Under these circumstances, we respectfully request that your department consider a waiver on the reinstatement penalty of \$600.00.

We would appreciate your consideration in reviewing this matter and we look forward to your reply.

Yours Sincerely,

pp. 

Gerald Castor  
President