

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000012726

1. Entity Name

COMSTOCK CONSULTING, LLC

Principal Place of Business

804 FAIRWAY LAKES DRIVE
NICEVILLE FL 32578

Mailing Address

804 FAIRWAY LAKES DRIVE
NICEVILLE FL 32578

2. Principal Place of Business

4213 TURTLE CROSSING
Suite, Apt. #, etc.

3. Mailing Address

4213 TURTLE CROSSING
Suite, Apt. #, etc.

City & State

NICEVILLE FL

City & State

NICEVILLE FL

Zip

32578

Country

USA

Zip

32578

Country

USA

6. Name and Address of Current Registered Agent

COMSTOCK, JOHN J
804 FAIRWAY LAKES DRIVE
NICEVILLE FL 32578

DO NOT WRITE IN THIS SPACE

59-3722231

4. FEI Number APPLIED FOR
59-3722231

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

COMSTOCK JOHN J
Street Address (P.O. Box Number is Not Acceptable)
4213 TURTLE CROSSING

City

NICEVILLE

FL

Zip Code
32578

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COMSTOCK, JOHN J 804 FAIRWAY LAKES DRIVE NICEVILLE FL 32578	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COMSTOCK JOHN J 4213 TURTLE CROSSING NICEVILLE FL 32578	<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"/> Delete

10. ADDITIONS/CHANGES

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

FILED
Jan 29, 2002 8:00 am
Secretary of State

01-29-2002 90067 029 ****50.00

012023



CR2E083 (9/01)