

FILED
Jul 31, 2003 8:00 am
Secretary of State

07-17-2003 90036 031 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #	L46813
1. Entity Name	COMPROPS, INC.



Principal Place of Business 3102 EUCLID AVE. TAMPA FL 33629 US	Mailing Address 3102 EUCLID AVE. TAMPA FL 33629 US
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55052906

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 1611 W. PLATT ST. Suite, Apt. #, etc.
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☐ CHECK HERE IF MAKING CHANGES

City & State TAMPA FL	City & State TAMPA FL
Zip 33606	Country USA

4. FEI Number 59-3063918	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DAVIDSON, W. B. 3102 EUCLID AVE. TAMPA FL 33629
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7. Name and Address of New Registered Agent Name KEITH W. KOEHLER, CPA Street Address (P.O. Box Number is Not Acceptable) 1611 W. PLATT ST. City TAMPA FL Zip Code 33606
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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 obligation of registered agent. SIGNATURE <i>[Signature]</i> CPA Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE 7/10/03
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FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIDSON, W. B. 3102 EUCLID AVE. TAMPA FL <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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

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: <i>[Signature]</i> REQUIRED Signature and typed or printed name of signing officer or director	14 July 03 813 832 6277 Date Daytime Phone #
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CR2E034 (4/03)

Attachment

55052906
L46813

KOEHLER & COMPANY

A PROFESSIONAL ASSOCIATION

CERTIFIED PUBLIC ACCOUNTANTS AND BUSINESS ADVISORS

MEMBERS OF THE AMERICAN
INSTITUTE AND THE FLORIDA
INSTITUTE OF CERTIFIED
PUBLIC ACCOUNTANTS

TELEPHONE (813) 258-1272
FACSIMILE (813) 258-2422
WEB SITE: WWW.CPA-TAMPA.COM
E-MAIL: KOEHLER@CPA-TAMPA.COM

July 29, 2003

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

Regarding: Comprops, Inc.

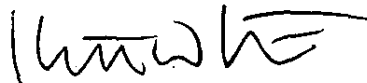
To Whom it May Concern:

This is a follow up to your letter dated July 21, 2003 regarding the above referenced taxpayer.

Please be advised that the above referenced corporation *never* received the original annual report and accordingly, should not be subject to the late fee. This statement should be sufficient to allow you to waive this late fee. Please reprocess this annual report as soon as possible.

If you have any questions, please call me directly at (813) 258-1272.

Very Truly Yours,



Keith W. Koehler