

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

3/1

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-10-2003 90187 043 ***150.00

DOCUMENT # M37547

1. Entity Name
COMPRO CORPORATION



Principal Place of Business
**620 5TH ST N
STE A
ST PETERSBURG FL 33701
US**

Mailing Address
**1105 CAPE CORAL PKWY E
SUITE C
CAPE CORAL FL 33904
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2954397**

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

~~WRIGHT, CHRISTINE F EGO~~
**1105 CAPE CORAL PARKWAY E
SUITE C
CAPE CORAL FL 33904**

Name
Darrin R. Schutt, Esq.
Street Address (P.O. Box Number is Not Acceptable)
**1105 Cape Coral Parkway, East
Suite C
Cape Coral FL 33904**

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 *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **2-26-03**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**DTV
COMBERG, HARTMUT
620 5TH ST N
ST. PETERSBURG FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPS
COMBERG, INGRID
620 N 5TH ST
ST. PETERSBURG FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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CITY-ST-ZIP
☐ Change ☐ 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 507, 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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

H. Comberg

24. III. 2003

(727) 827-2192

CR2E034 (10/02)