

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 20, 2001 8:00 am**  
**Secretary of State**

04-20-2001 90010 028 \*\*\*\*70.00

**DOCUMENT # N98000004876**

1. Entity Name  
**COMSERV, INCORPORATED**

Principal Place of Business

4750 N DIXIE HIGHWAY  
 SUITE 8A  
 FT LAUDERDALE FL 33334  
 US

Mailing Address

240 NE 21 COURT  
 POMPANO BEACH FL 33060

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0857405**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**POWELL, NORMAN**  
**240 NE 21 COURT**  
**POMPANO BEACH FL 33060**

7. Name and Address of New Registered Agent

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

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD</b> <b>WAY, SENEAN</b> <b>3340 NW 17TH COURT</b> <b>FT LAUDERDALE FL 33311</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>LENO, GWENDOLYN R</b> <b>300 SW 29TH TERRACE</b> <b>FT LAUDERDALE FL 33312</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>MCCLEOD, GARY</b> <b>2420 NW 6TH STREET</b> <b>POMPANO BEACH FL 33069</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AT</b> <b>SMALL, OSBERT</b> <b>4700 NW 41ST STREET</b> <b>LAUDERDALE LAKES FL 33319</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>CARTER, DONA</b> <b>913 N POWERLINE ROAD</b> <b>POMPANO BEACH FL 33069</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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
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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

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 617, 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: \_\_\_\_\_

*NORMAN POWELL*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**4-14-01**

Daytime Phone #

**954-971-2537**

CR2E037 (10/00)