FILED 2002 UNIFORM BUSINESS REPORT (UBR) Apr 29, 2002 8:00 am Secretary of State DOCUMENT # **N98000004876** 1. Entity Name 04-29-2002 90100 022 ****70.00 COMSERV, INCORPORATED Principal Place of Business Mailing Address 240 NE 21 COURT 4750 N DIXIE HIGHWAY POMPANO BEACH FL 33060 SUITE 8A FT LAUDERDALE FL 33334 US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 040 PARK Applied For 4. FEI Number 65-0857405 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address POWELL, NORMAN 240 NE 21 COURT POMPANO BEACH FL 33060 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 printed name of registered agent and title if applicable Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Addition TITLE ☐ Delete CD TITLE NAME NAME Way, Senean STREET ADDRESS STREET ADDRESS 3340 NW 17TH COURT CITY-ST-ZIP CITY-ST-ZIP <u>FT LAUDERDALE FL 33311</u> ☐ Change ☐ Addition ☐ Delete TITLE TITLE VPD NAME LENO, GWENDOLYN R NAME STREET ADDRESS STREET ADDRESS 300 SW 29TH TERRACE CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33312 --- Change - 🗀 Addition Delete Delete TITLE NAME MCCLEOD, GARY STREET ADDRESS STREET ADDRESS 2420 NW 6TH STREET CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33069 ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME SMALL, OSBERT STREET ADDRESS STREET ADDRESS 4700 NW 41ST STREET CITY-ST-ZIP CITY-ST-ZIE <u>LAUDERDALE LAKES FL 33319</u> ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME CARTER, DONA STREET ADDRESS STREET ADDRESS 913 N POWERLINE ROAD CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33069 ☐ Addition [] Change ☐ Delete TITLE TITLE NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-02 954-779-2934

Date Daytime Pho