

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90126 024 ***150.00

DOCUMENT # P00000012185

1. Entity Name
COMSOURCE SERVICES, INC.



Principal Place of Business
P.O. BOX 549
ASTATULA FL 34705

Mailing Address
P.O. BOX 549
ASTATULA FL 34705

2. Principal Place of Business

22627 Carolyn Lane

3. Mailing Address

Suite, Apt. #, etc.

City & State

Astatula FL

City & State

Suite, Apt. #, etc.

Zip

FL 34705

Country

USA

Zip

FL 34705

Country

USA

4. FEI Number **59-3630947**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

BRASHER, STEVE C
23535 RANCH RD.
ASTATULA FL 34705

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Steve Brasher **STEVE BRASHER** **President**

1/20/03
DATE

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

TITLE **D** ☐ Delete
NAME **BRASHER, STEVE C**
STREET ADDRESS **23535 RANCH RD.**
CITY-ST-ZIP **ASTATULA FL 34705**

TITLE **P** ☒ Delete
NAME **HENDERSON, WILLIAM H**
STREET ADDRESS **22705 CAROLYN LANE**
CITY-ST-ZIP **ASTATULA FL 34705**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☒ Change ☐ Addition
NAME **STEVE BRASHER**
STREET ADDRESS **22627 CAROLYN LN.**
CITY-ST-ZIP **ASTATULA FL 34705**

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

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NAME
STREET ADDRESS
CITY-ST-ZIP

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: Steve Brasher **STEVE BRASHER**

1/20/03
Date

352-742-0557
Daytime Phone #

CR2E034 (10/02)