

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90671 028 ***150.00

0049022 AV

DOCUMENT # P00000040512

1. Entity Name

COMPREHENSIVE RES. SUPPORT SERVICES INC.

Principal Place of Business

**RT 4, BOX 4749
MONTICELLO FL 32344**

Mailing Address

**RT 4, BOX 4749
MONTICELLO FL 32344**

2. Principal Place of Business

81 Glenn West Rd

Suite, Apt. #, etc.

3. Mailing Address

81 Glenn West Rd

Suite, Apt. #, etc.

City & State

Monticello FL

4. FEI Number

59-3532667

Applied For

Not Applicable

Zip **3234**

Country

JEFF

Zip **32344**

Country

JEFF

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BYFORD, SARAH
RT 4, BOX 4749
MONTICELLO FL 32344**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BYFORD, SARAH	
STREET ADDRESS	RT 4, BOX 4749	
CITY-ST-ZIP	MONTICELLO FL 32344	
TITLE	AD	<input type="checkbox"/> Delete
NAME	BYFORD, GEORGE	
STREET ADDRESS	RT 4, BOX 4749	
CITY-ST-ZIP	MONTICELLO FL 32344	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	REDDICK, ANNIE	
STREET ADDRESS	RT 4, BOX 4749	
CITY-ST-ZIP	MONTICELLO FL 32344	
TITLE	FA	<input checked="" type="checkbox"/> Delete
NAME	BROOKS, KASSALANDO M	
STREET ADDRESS	RT 4, BOX 4749	
CITY-ST-ZIP	MONTICELLO FL 32344	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Sarah Byford

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)