FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

5/3/200

FILED
Jun 04, 2004 8:00 am
Secretary of State
05-03-2004 90742 002 ***150.00

DOCUMENT # P00000040512

1. Entity Name
Comprehensive Residential Support Services, Inc

DO NOT WRITE IN THIS SPACE

66426535

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
81 Glenn West Road	81 Glenn West Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Monticello FL	City & State: Monticello, FL
Zip: 32344 Country: US	Zip: 32344 Country: US

4. FEI Number: 59-3532667 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Comprehensive Residential Support Services Inc
Street Address (P.O. Box Number is Not Acceptable): 81 Glenn West Rd (error SR)
City: Monticello FL Zip Code: 32344

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: Sarah Byford (error SR) 4-28-04
(Typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when changing) Date

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. Officer and Director Name(s) and Address(es)	
TITLE: Project Coordinator (President)	
NAME: Sarah Byford	
STREET ADDRESS: 81 Glenn West Rd	
CITY-ST-ZIP: Monticello FL 32344	
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Sarah Byford 4-28-04 (850)997-5859
SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR — Date — Daytime Phone #