

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90060 042 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P01000057593** ✓
1. Entity Name
Sudaco, Inc DBA Comprehensive Billing Solutions

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5963 Cattlemen Lane Suite, Apt. #, etc.		3. Mailing Address 5963 Cattlemen Lane Suite, Apt. #, etc.	
City & State Sarasota, FL	City & State Sarasota FL	4. FEI Number 65-1111979	Applied For Not Applicable
Zip 34232	Country USA	Zip 34232	Country USA

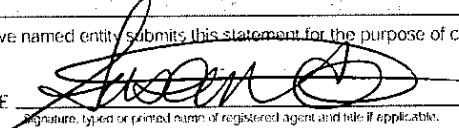
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7. Name and Address of Current Registered Agent

Name **Susan Coles**
Street Address (P.O. Box Number is Not Acceptable)
5186 Magnolia Pond Drive
City **Sarasota** **FL** Zip Code **34233**

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  / **Susan Coles** DATE **4/17/02**
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

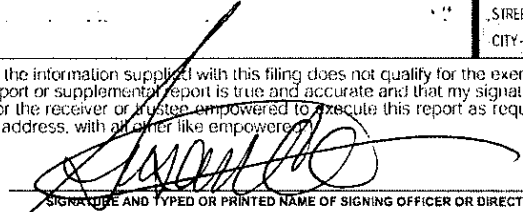
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Susan Coles 5186 Magnolia Pond Dr. Sarasota, FL 34233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S David Coles 5186 Magnolia Pond Dr. Sarasota FL 34233
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13. I hereby certify that the information supplied with this 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 on an attachment with an address, with all other like empowered.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)