

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 14, 2002 8:00 am
Secretary of State

08-14-2002 90026 013 ***150.00

DOCUMENT # P01000090424

1. Entity Name
COMPROSO, INC.

Principal Place of Business
**1612 GENTRY ST.
 CLEARWATER FL 33755**

Mailing Address
**1612 GENTRY ST.
 CLEARWATER FL 33755**

2. Principal Place of Business

1220 TURNER - STE E-2

3. Mailing Address

1220 TURNER - STE E-2

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CLEARWATER, FL

City & State

CLEARWATER, FL

Zip

33756

Country

USA

Zip

33756

Country

USA

4. FEI Number

59-3753846

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**NELSON, PAUL D
 1612 GENTRY ST.
 CLEARWATER FL 33755**

7. Name and Address of New Registered Agent

Name **PAUL D. NELSON**
 Street Address (P.O. Box Number is Not Acceptable)
1101 VICTORIA DR # 24
~~1101 VICTORIA DR # 24~~
 City **DUNEDIN** FL Zip Code **34698**

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 *Paul D. Nelson*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

10 Aug 2002

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 **PVST** ☐ Delete
 NAME **NELSON, PAUL D**
 STREET ADDRESS **1612 GENTRY ST.**
 CITY-ST-ZIP **CLEARWATER FL 33755**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

SIGNATURE: *Paul D. Nelson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10 Aug 2002

Date

Daytime Phone #

CR2E034 (4/02)



Attachment

COM : PRO : SO
Computer • Problems • Solved

PO100009042

August 10, 2002

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Uniform Business Report

Dear Sirs :

We are sending you enclosed the above mentioned form together with a check of \$150.

As the company was founded late in 2001 we thought we did not have to pay the fee and seeming to confirm this was the fact that we never received your notification. We became aware of this whole procedure only four weeks ago. We ask that you please abate the penalty.

Thank you in advance and best regards,

Paul Nelson
Paul Nelson
President