

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 15, 2002 8:00 am**  
**Secretary of State**

07-15-2002 90188 033 \*\*\*150.00

**DOCUMENT # P01000098180**

**1. Entity Name**  
**COMPREHENSIVE COMMUNICATION SOLUTIONS, INC.**

**Principal Place of Business**  
**2253 TUSCAVILLA RD.**  
**TALLAHASSEE FL 32312**

**Mailing Address**  
**2253 TUSCAVILLA RD.**  
**TALLAHASSEE FL 32312**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEL Number**

59-3751298

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**LEVINE, MARK S**  
**245 E. VIRGINIA ST.**  
**TALLAHASSEE FL 32310**

Name

Bethany McPherson

Street Address (P.O. Box Number is Not Acceptable)

2253 Tuscvilla

City

TTH

FL

Zip Code

32312

**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**

Bethany McPherson President Bethany McPherson 7/11/02

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 \$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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** President ☐ Delete  
**NAME** Bethany McPherson  
**STREET ADDRESS** 2253 Tuscvilla  
**CITY-ST-ZIP** TTH Florida 32312

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**TITLE** ☐ Change ☐ 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:**

Bethany McPherson President Bethany McPherson 7/11/02 (802) 251-3486

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

Attachment

To whom it may concern:

BD129016

~~#PO1000098180~~

I just opened my business in January  
I never received a WBR by this  
notice. I would have paid it. So I  
talked to J and she said to send in  
the original fee and to make sure I  
download a copy of SIDRport in Feb 03  
if I don't receive a copy.