

5/28/

FILED

Jun 27, 2002 8:00 am  
Secretary of State

05-28-2002 91721 037 \*\*\*150.00

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000106900

1. Entity Name

COMPREHENSIVE RISK SERVICES, INC.

Principal Place of Business

510 SPRING ISLAND WAY  
ORLANDO FL 32828

Mailing Address

510 SPRING ISLAND WAY  
ORLANDO FL 32828

95179



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

59-3755349

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI FL 33145

Name Deborah M. Hampton

Street Address (P.O. Box Number is Not Acceptable)  
510 Spring Island Way

City Orlando

FL

Zip Code 32828

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

Deborah M. Hampton

Deborah M. Hampton, President

06/18/02

Signature, typed or printed name of registered agent and date 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 State10. 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 PD  
NAME HAMPTON, DEBORAH M  
STREET ADDRESS 510 SPRING ISLAND WAY  
CITY-ST-ZIP ORLANDO FL 32828 ☐ DeleteTITLE VD  
NAME MAY, ANNE M  
STREET ADDRESS 510 SPRING ISLAND WAY  
CITY-ST-ZIP ORLANDO FL 32828 ☒ DeleteTITLE STD  
NAME CRECCO, BRETT J  
STREET ADDRESS 510 SPRING ISLAND WAY  
CITY-ST-ZIP ORLANDO FL 32828 ☒ DeleteTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1743 Sand Hollow Lane  
CITY-ST-ZIP Palm Harbor, FL 34683TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 11513 Heritage Way  
CITY-ST-ZIP Largo, FL 33778TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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:

Deborah M. Hampton

Deborah M. Hampton, President

06/18/02

321-946-1744

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone

CR2E034 (9/01)