

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90249 003 \*\*\*150.00

0502027 AV

**DOCUMENT #** P02000081553

**1. Entity Name**  
COMPTech SUPPORT, INC.



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**Principal Place of Business**  
745 PARKHILL AVENUE  
LAKELAND FL 33801

**Mailing Address**  
745 PARKHILL AVENUE  
LAKELAND FL 33801



**2. Principal Place of Business**  
741 Parkhill Ave  
Suite, Apt. #, etc.

**3. Mailing Address**  
741 Parkhill Ave  
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES (address only)

**City & State**  
Lakeland, FL  
**Zip** 33801 **Country** USA

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Lakeland, FL  
**Zip** 33801 **Country** USA

**4. FEI Number**  
01-0740126  
**Applied For**  
☐ Not Applicable

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

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

BYER, JENNIFER G  
745 PARKHILL AVENUE  
LAKELAND FL 33801

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

**Name** Boyer, Jennifer G  
**Street Address (P.O. Box Number is Not Acceptable)**  
741 Parkhill Ave  
**City** Lakeland **FL** **Zip Code** 33801

**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** Jennifer G Boyer *Jennifer G Boyer* **DATE** 4-7-03  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

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

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> BOYER, JENNIFER G 745 PARKHILL AVENUE LAKELAND FL 33801	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> BOYER, MICHAEL W 745 PARKHILL AVENUE LAKELAND FL 33801	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> Boyer, Jennifer G 741 Parkhill Ave Lakeland, FL 33801	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition address only
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> Boyer, Michael W 741 Parkhill Ave Lakeland, FL 33801	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition address only
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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 Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *Jennifer G Boyer* **JENNIFER G BOYER** **DATE** 4-7-03 **DAYTIME PHONE #** 863-688-3434  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)