

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

**FILED**  
**Mar 01, 2004 8:00 am**  
**Secretary of State**

03-01-2004 90057 040 \*\*\*150.00

DOCUMENT #

1. Entity Name

*Comps, Inc.*



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*INACTIVE*

3. Mailing Address

*69 Perry Ave*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*Bayville, NY*

Zip

Country

Zip

*11709*

Country

*Nassau*

4. FEI Number

*90-0067119*

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name *Brian J. Davis*

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

*7121 Fairway Drive Ste 201*

City *Palm Beach Gardens FL*

Zip Code

*33418*

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

Signature, typed or printed name of registered agent and (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President Keith J. Larsen 69 Perry Ave Bayville, NY 11709</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Sec/Treas Lynne M. Larsen 69 Perry Ave Bayville, NY 11709</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *X Keith J. Larsen*

*Keith J. Larsen*

Date

*2/26/04*

Daytime Phone #

*5766760400*