

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P38328

1. Entity Name  
COMSEARCH, INC.

**FILED**  
**Jun 05, 2000 8:00 am**  
**Secretary of State**

06-05-2000 90007 029 \*\*\*150.00

Principal Place of Business

Mailing Address

150 AMARAL STREET  
EAST PROVIDENCE RI 02915

150 AMARAL STREET  
EAST PROVIDENCE RI 02915-2223

2. Principal Place of Business

3. Mailing Address

308 MARKET STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WARREN RI

City & State

Zip

02885

Country

Zip

Country

4. FEI Number

05-0415404

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

NATIONAL REGISTERED AGENTS INC  
526 EAST PARK AVE  
TALLAHASSEE FL 32301

Name

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

City

FL

Zip Code

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

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 \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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 ☐ Delete

NAME LYONS, ROBERT P., JR.

STREET ADDRESS 55 ADAMS POINT RD  
CITY-ST-ZIP BARRINGTON RI

TITLE ☐ Delete

NAME LYONS, JOSEPH W.

STREET ADDRESS 10 WOODWIND COURT  
CITY-ST-ZIP WARWICK RI

TITLE ☐ Delete

NAME DELBONIS, JAMES A.

STREET ADDRESS 10 GREENBRIAR ROAD  
CITY-ST-ZIP SMITHFIELD RI

TITLE ☐ Delete

NAME

STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME

STREET ADDRESS 178 HEATHER ST  
CITY-ST-ZIP CRANSTON RI 02920

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS  
CITY-ST-ZIP

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:

*Kenneth E. Leahy JR*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kenneth E. Leahy JR - Controller 5/1/2000

Date

Daytime Phone #

401-431-0550

CR2E034 (9/99)