

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000047702

1. Entity Name

COMPREHENSIVE EDUCATION & MENTAL HEALTH SERVICES

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90160 048 ***150.00

Principal Place of Business

Mailing Address

~~300 N.W. 2ND AVE.~~
~~POMPANO BEACH FL 33060~~

~~P.O. BOX 339~~
~~POMPANO BEACH FL 33061-0339~~

2. Principal Place of Business

3. Mailing Address

2172 Beutons Blvd

2172 Beutons Blvd

Suite, Apt. #, etc.

Suite 102

Suite, Apt. #, etc.

Suite 102

City & State

Orlando, Fla

City & State

Orlando, Fla

Zip

32805

Country

USA

Zip

32805

Country

USA

4. FEI Number

59-3325508

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

DANNER, WILBERT C

~~4944 NW 11 TR.~~

CORAL SPRINGS FL 33076

Name

Same

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

2103 Manfilla ave

City

Orlando

FL

Zip Code

32805

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

Wilbert C. Danner

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/8/00

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 P
STREET ADDRESS DANNER, WILBERT C
CITY-ST-ZIP 4944 NW 11 TR.
CORAL SPRINGS FL 33076

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2103 Manfilla ave
CITY-ST-ZIP Orlando, Fla 32805

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

Wilbert C. Danner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/00

Date

877-821-3844

Daytime Phone #

CR2E034 (9/99)