

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000093636

1. Entity Name

COMPREHENSIVE INSURANCE BILLING, INC.

FILED

Jan 22, 2000 8:00 am
Secretary of State

01-22-2000 90010 038 ***150.00

603463



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

1511 SE 23RD AVE. #1
POMPANO BEACH FL 33065-2

1511 SE 23RD AVE. #1
POMPANO BEACH FL 33062-7524

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0628165

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

HIRSCHBERG, ANDREW S
1511 SE 23RD AVE, #1
POMPANO BEACH FL 33065-2

Name Andrew Hirschberg

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

900 N.E. 7th St

City

Pompano Bch

FL

Zip Code

33060

* 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

1/11/00

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 D ☐ Delete
NAME KELLEY, TERRI
STREET ADDRESS 1511 SE 23RD AVE, #1
CITY-ST-ZIP POMPANO BEACH FL 33065-2

TITLE U.P. ☒ Change ☐ Addition
NAME Kelley, Terri
STREET ADDRESS 900 NE 7th St.
CITY-ST-ZIP Pompano Bch, FL 33060

TITLE D ☐ Delete
NAME HIRSCHBERG, ANDREW S
STREET ADDRESS 1511 SE 23RD AVE, #1
CITY-ST-ZIP POMPANO BEACH FL 33065-2

TITLE Hirschberg, Andrew ☒ Change ☐ Addition
NAME Hirschberg, Andrew
STREET ADDRESS 900 NE 7th St
CITY-ST-ZIP Pompano, Bch, FL 33060

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/11/00

CR2E034 (9/99)