

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000030960

1. Entity Name

COMPREHENSIVE RECEIVABLES MANAGEMENT CORP.

**FILED**  
**Apr 14, 2000 8:00 am**  
**Secretary of State**

04-14-2000 90110 050 \*\*\*150.00

Principal Place of Business

Mailing Address

BAYSHORE BLVD.

2413 BAYSHORE BLVD.

STE. 1505- 2301  
FL 33629

STE. 1505- 2301  
TAMPA FL 33629-7336  
US

2. Principal Place of Business

3. Mailing Address

2413 Bayshore Blvd

2413 Bayshore Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2301

2301

City & State

City & State

Tampa, FL

Tampa, FL

Zip

Zip

33629

33629

Country

Country

USA

USA

4. FEI Number 59-3444781

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

KELLY, JUDI M MS.

2413 BAYSHORE BLVD.

STE. 1505- 2301

TAMPA FL 33629

Name

Judi M. Kelly

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

2413 Bayshore Blvd.

# 2301

City

Tampa

FL

Zip Code

33629

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)

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 KELLY, JUDI M MS  
CITY-ST-ZIP 2413 BAYSHORE BLVD., #1505- #2301  
TAMPA FL

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 2413 Bayshore Blvd #2301  
CITY-ST-ZIP

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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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  
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 #

CFR2E034 (9/99)