

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000004552

1. Entity Name

COMPREHENSIVE RESOURCE SERVICES, INC.

Principal Place of Business

P.O. BOX 1858  
TRENTON FL 32693

Mailing Address

P.O. BOX 1858  
TRENTON FL 32693

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 59-3421713

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

HEMOND, JUDY  
5420 SW 48 CT.  
P O BOX 1858  
TRENTON FL 32693

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, 2001 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	POTS	<input type="checkbox"/> Delete
NAME	HEMOND, JUDY	
STREET ADDRESS	5420 S.W. 48TH COURT PO BOX 1858	
CITY-ST-ZIP	TRENTON FL 32693	
TITLE	VP/D	<input type="checkbox"/> Delete
NAME	HEMOND, KIMBERLY	
STREET ADDRESS	16137 MANORWOOD CIR.	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	D	<input type="checkbox"/> Delete
NAME	HEMOND, JOSEPH R	
STREET ADDRESS	5750 NW 90 AVE.	
CITY-ST-ZIP	CHIEFLAND FL 32626	
TITLE	D	<input type="checkbox"/> Delete
NAME	HEMOND, ROGER D	
STREET ADDRESS	10137 MANORWOOD CIR.	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Judy F Hemond*

JUDY F HEMOND

3-19-01

Date

(352) 463-6845

Daytime Phone #

**FILED**  
**Mar 21, 2001 8:00 am**  
**Secretary of State**

03-21-2001 90061 036 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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