

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90078 015 ***150.00

UNIFORM BUSINESS REPORT

DOCUMENT # P97000010102

1. Entity Name
COMTRUST DEVELOPMENT CORPORATION

Principal Place of Business
**3880 SHERIDAN ST
 HOLLYWOOD FL 33021**

Mailing Address
~~3880 SHERIDAN ST~~
HOLLYWOOD FL 33021

00010730



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address
3880 SHERIDAN ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
HOLLYWOOD, FL

4. FEI Number **65-0732779**

Applied For
 Not Applicable

Zip

Country

Zip **FL** Country **FLORIDA**

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

**MURPHY, JOHN J III
 3880 SHERIDAN ST
 HOLLYWOOD FL 33021**

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 _____ (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, 2002 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
	PSD COMPAGNONE, ANTHONY 17888 FIELDBROOK CIRCLE WEST BOCA RATON FL 33496		PSD COMPAGNONE, ANTHONY 3880 SHERIDAN ST HOLLYWOOD, FL. 33021

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: Anthony Compagnone Date: 01/21/02 Daytime Phone #: 9549832111

CR2E034 (9/01)