

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 03, 2003 8:00 am**  
**Secretary of State**

02-03-2003 90075 033 \*\*\*150.00

01/09/03 AV

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**

**JUL 10 2000**



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

Country

**33021 FL USA**

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

**JOHN A. KASBAR**

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

**3880 SHERIDAN ST.**

City

**HOLLYWOOD**

FL

Zip Code

**33021**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*John A. Kasbar*

**1-17-03**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PSD  
COMPAGNONE, ANTHONY  
3880 SHERIDAN STREET  
HOLLYWOOD FL 33021**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
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STREET ADDRESS  
CITY-ST-ZIP

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TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Anthony Compagnone*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01/28/03**  
Date

**954 983 2111**  
Daytime Phone #

CR2E034 (10/02)