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### 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **P97000036550**

1. Entity Name

COMPREHENSIVE GUARDIANSHIP SERVICES, INC.

# FILED Jan 25, 2000 8:00 am Secretary of State

| NAME STREET ADDRESS CITY-ST-ZIP HOBE SOUND FL 33455  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS  |   |  |                                    |                             | :  | 01-25-2000 90102 0.   | 20 ***150.00               |                               |  |
|---|---|--|------------------------------------|-----------------------------|--|---|----------------------------|-------------------------------|--|
| WEST PALM BEACH FL 33407  2. Principal Place of Business  Suite, April 6, etc.  Suite, April 7, etc.  Suite, April 7, etc.  City 8, States  Coy 9, States  Coy 9, States  Coy 9, States  Coy 9, States  Coy 8, States  Coy 9, States  Coy 9, States  Coy 9, States  Coy 1, States  C  | Principal Place of Business Mailing Address |  |                                    |                             |  |   |                            |                               |  |
| Suite, Apt. 4, etc.  City & State  City & St  |   |  |                                    |                             | 1  | <b>~</b> ~ ~ •  | 9991                       |                               |  |
| Suite, Apt. 4, etc.  City & State  City & St  |   |  |                                    |                             |  | 1 (48)(48) (18 (4(2) (40)) 40)() <b>(5)</b> ()( <b>48</b> )() | ASIGO IIJIO DIIA! BYIGI SI | Hr <b>en</b> i) ( <b>ae</b> ) |  |
| Chy & State  Crty & State  Crty & State  Country  Country  Country  S. Certificate of Status Desired   S8.75 Additions    | 2. Principal Place of Business              |  | 3. Mailing Address                 |                             |  |   |                            |                               |  |
| Zip   Country   Zip   Country   Zip   Country   S. Certificate of Status Desired   S. R.75 Additional Fig. Required   Representation   S. Certificate of Status Desired   S. R.75 Additional Fig. Required   Representation   Rep    | Suite, Apt. #, etc.                         |  | Suite, Apt. #, etc.                |                             |  | DO NOT WRITE IN THIS SPACE                                    |                            |                               |  |
| 6. Name and Address of Current Registered Agent  CRAMER, JOHN M 424 41ST STREET  WEST PALM BEACH FL 33407  Cry  FL  Zip Code  8. This above named critily submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Rorida.  SIGNATURE  Signature, typed or printed name or registered agent and the flacitable.  In This corporation is eligible to satisfy its Intrangible Tax (filing registered agent, or both, in the State of Rorida.  SIGNATURE  Signature, typed or printed name or registered agent and the flacitable.  In This corporation is eligible to satisfy its Intrangible Tax (filing registered agent, or both, in the State of Rorida.  SIGNATURE  Signature, typed or printed name or registered agent and the flacitable.  In This corporation is eligible to satisfy its Intrangible Tax (filing registered agent, or both, in the State of Rorida.  SIGNATURE  Signature, typed or printed name or registered agent and the flacitable.  In City FL Not Number is Not Acceptable)  DATE  SIGNATURE  SIGNAT  | City & State                                |  | City & State                       |                             | 4. 1   |   |                            |                               |  |
| Name   Street Address (P.O. Box Number is Not Acceptable)   | Zip   | Country  | Zip                                | Country                     | 5. (   | Certificate of Status Desired                                 |                            |                               |  |
| CRAMER, JOHN M 424 41ST STREET WEST PALM BEACH FL 33407  City FL Zip Code  City FL Z  |   | 6: Name and Address of Current                       | Registered Agent                   |                             |  |   | tered Agent                |                               |  |
| 424 41ST STREET WEST PALM BEACH FL 33407  6. 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.  5. GNATURE  9. This corporation is eligible to satisfy its Intangible Tax Ming requirement and elects to do so.  (See orderia on back)  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGEST OFFICERS AND DIRECTORS IN MAKE  SIRRELADRIESS  CRAMER, JOHN M  SIRRELADRIESS  CITY-ST-2P  TITLE  TD  Delete  TITLE  NAME  GILLEN, BRUCE W  WEST PALM BEACH FL 33407  TITLE  TITLE  SIRRELADRIESS  CITY-ST-2P  WEST PALM BEACH FL 33407  TITLE  NAME  SIRRELADRIESS  CITY-ST-2P  WEST PALM BEACH FL 33407  TITLE  NAME  SIRRELADRIESS  CITY-ST-2P  WEST PALM BEACH FL 33407  TITLE  NAME  SIRRELADRIESS  CITY-ST-2P  WEST PALM BEACH FL 33407  TITLE  NAME  SIRRELADRIESS  CITY-ST-2P  TITLE  NAME  SIRRELADRIESS  SIRRELADRIESS  CITY-ST-2P  TITLE  NAME  SIRRELADRIESS  CITY-ST-2P  TITLE  NAME  SIRRELADRIESS  SIRRELADR  |   |  |                                    | Name_                       |  | · · · · · · · · · · · · · · · · · · ·                         |                            |                               |  |
| 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  |   |  |                                    | Street A                    | Street Address (P.O. Box Number is Not Acceptable) |   |                            |                               |  |
| 8. The above named entity submits th's statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE  Signature, hyper or protect name of registered agent agent and size if applicable.  NOTE Registered agent, or both, in the State of Florida.  19. This corporation is eligible to satisfy its Intangible Tax (illing requirement and elects to do so. (See ortical on back)   DATE  11. OFFICERS AND DIRECTORS   12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   11. NAME STREET ADDRESS   DIRECTORS   11. NAME STREET ADDRESS   DIRECTORS   Delete     | WES   | T PALM BEACH FL 33407                                |                                    |                             |  |   |                            |                               |  |
| SIGNATURE  9. This corporation is eligible to satisfy its Intangible (See order to back)   Delete (See   |   |  |                                    | City                        |  | <del>-</del>  | FL Zip Cod                 | e                             |  |
| SIGNATURE  9. This corporation is eligible to satisfy its Intangible (See order to back)   Delete (See   | 8. The above                                | named entity submits this statement fo               | or the purpose of changing its     | s registered office o       | r registered ag                                    | ent, or both, in the State of Florida.                        |                            |                               |  |
| 9. This corporation is eligible to satisfy its Intangiole Tax filing requirement and elects to do so.  After MAY 1, 2000 Fee will be \$550.00  Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE PD CRAMER, JOHN M STREET ADDRESS CITY-ST-ZIP  MASE GILLEN, BRUCE W STREET ADDRESS CITY-ST-ZIP  MEST PALM BEACH FL 33407  TITLE  MASE TOLLEFSON, GLORIA  STREET ADDRESS CITY-ST-ZIP  TITLE SD OBelete TITLE SD OBELET OFFICERS AND DIRECTORS IN 11  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME TOLLEFSON, GLORIA STREET ADDRESS CITY-ST-ZIP  TITLE NAME TOLLEFSON, GLORIA STREET ADDRESS CITY-ST-ZIP  TITLE NAME TOLLEFSON, GLORIA STREET ADDRESS CITY-ST-ZIP  TITLE NAME TITLE NAME TOLLEFSON, GLORIA STREET ADDRESS CITY-ST-ZIP  TITLE NAME TITLE NAME TOLLEFSON, GLORIA STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS C |   | •  | , ,                                | -                           |  |   |                            |                               |  |
| S. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See oriteria on back)  TI. OFFICERS AND DIRECTORS  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE PO CRAMER, JOHN M STREET ADDRESS WEST PALM BEACH FL 33407  TITLE TD GILLEN, BRUCE W STREET ADDRESS CITY-ST-ZIP  TITLE SD TOLLEFSON, GLORIA STREET ADDRESS CITY-ST-ZIP  TITLE SD TOLLEFSON, GLORIA STREET ADDRESS CITY-ST-ZIP  TITLE NAME AS68 SE MAY TERR HOBE SOUND FL 33455  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME   | SIGNATURE _                                 | Signature, typed or printed name of registered agent | and title if applicable. (NO       | TE. Registered Agent signal | ture required when re                              | einstating)   | DATE                       |                               |  |
| Tax filing requirement and elects to do so. (See criteria on back)  | <del></del>                                 | <del></del>  | т                                  |                             |  | <u> </u>  |                            | _                             |  |
| Make Check Payable to Department of State   |   |  |                                    | •                           |  |   |                            |                               |  |
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| TITLE TO GILLEN, BRUCE W STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33407 TITLE SD Delete TITLE NAME STREET OF STREET ADDRESS CITY-ST-ZIP TITLE NAME TOLLEFSON, GLORIA NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |  |                                    | _                           |  |   |                            |                               |  |
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| CITY-ST-ZIP CITY-ST-ZIP   |   |  |                                    | CITY-ST-ZIP                 | 1  |   |                            |                               |  |
| 13. Thereby 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 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information is provided by the same level and the section 119.07(3)(ii) and the section 119.07(3)(iii) and the section 119.07(3)(iii) are section 119.07(3)(iii) and the section 119.07(3)(iii) are section 119.07(3)(iiii) are section 119.07(3)(iiii) are section 119.07(3)(iiii) are section 119.07(3)(iiiii) are section 119.07(3)(iiiiiii) are section 119.07(3)(iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii   |   | certify that the information supplied with           | h this filing does not qualify for | or the exemption sta        | ated in Section                                    | 119.07(3)(i), Florida Statutes. I furt                        | her certify that the i     | nformation                    |  |

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under out; that I all all all all all officer 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 is changed, or on an attachment with an address, with all other like empowered.



1/18/2000

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