

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000051045

1. Entity Name

COMPREHENSIVE CONSULTING & ACCOUNTING CORPORATION

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

04-14-2000 90016 043 \*\*\*150.00

Principal Place of Business

4267 S SEMORAN BLVD  
# 6  
ORLANDO FL 32822

Mailing Address

4267 S. SEMORAN BLVD., #16  
ORLANDO FL 32822-2440

2. Principal Place of Business

9218 SONIA STREET  
Suite, Apt. #, etc.

3. Mailing Address

9218 SONIA ST.  
Suite, Apt. #, etc.

City & State

ORLANDO FL

City & State

ORLANDO FL

4. FEI Number

59-3455342

Applied For

Not Applicable

Zip

32825

Country

ORANGE

Zip

32825

Country

ORANGE

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

DUFF, DAVID B

4267 S. SEMORAN BLVD., #16  
ORLANDO FL 32822

Name DUFF, DAVID B.

Street Address (P.O. Box Number is Not Acceptable)  
9218 SONIA STREET

City ORLANDO

FL

Zip Code 32825

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, 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	P	<input type="checkbox"/> Delete
NAME	DUFF, DAVID	
STREET ADDRESS	4267 S. SEMORAN BLVD., #16	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/9/2000

407-277-4612

CR2E034 (9/99)