

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000100562

1. Entity Name

COMPSERV, INC.

FILED
Jun 20, 2000 8:00 am
Secretary of State

06-20-2000 90016 015 ***550.00

Principal Place of Business

2325 ULMERTON ROAD #16
CLEARWATER FL 33762

Mailing Address

2325 ULMERTON ROAD #16
CLEARWATER FL 33762-3362

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

59-3544824

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

PARRY, EDWARD H
3113 GLENWOOD COURT
SAFETY HARBOR FL 34695

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, 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	D	<input type="checkbox"/> Delete
NAME	MCNEAL, VAN L	
STREET ADDRESS	5401 WEST KENNEDY BLVD., STE. 751	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	D	<input type="checkbox"/> Delete
NAME	BULLARD, FRED B JR	
STREET ADDRESS	2325 ULMERTON ROAD, STE. 20	
CITY-ST-ZIP	CLEARWATER FL 33762	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	BAKER, DANIEL L	
STREET ADDRESS	14810 ROE PE BAYONNE #2E	
CITY-ST-ZIP	CLEARWATER FL 33762	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	PARRY, EDWARD H	
STREET ADDRESS	3113 GLENWOOD COURT	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	O'BRIEN, WILLIAM R	
STREET ADDRESS	7318 MONTEREY BLVD.	
CITY-ST-ZIP	TAMPA FL 33625	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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
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 #

CR2E014 (3/99)