

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P99000058044

1. Entity Name

COMPFREE, INC.

**FILED**  
**Jun 02, 2000 8:00 am**  
**Secretary of State**

06-02-2000 90010 019 \*\*\*158.75

00058159

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

4445 SW 35th TERRACE  
#280  
GAINESVILLE, FL 32608

2. Principal Place of Business

SAME  
Suite, Apt. #, etc.

3. Mailing Address

SAME  
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3585204

Applied For

Not Applicable

Zip

Country

Zip

Country

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

RICHARD K. BOWLAN  
7827 SW 19th PLACE  
GAINESVILLE, FL 32607

Name

RODERICK NEIL LAWSON, JR.

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

4302 NW 26th DRIVE

City

GAINESVILLE

FL

Zip Code

32605

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

R. Neil Lawson, R. Neil LAWSON, PRESIDENT

5-17-2000

DATE

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

(NOTE: Registered Agent signature required when reinstating)

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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Delete
NAME	RICHARD BOWLAN
STREET ADDRESS	7827 SW 19th Pl.
CITY-ST-ZIP	GAINESVILLE, FL 32607
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RODERICK NEIL LAWSON, JR.	
STREET ADDRESS	4302 NW 26th DRIVE	
CITY-ST-ZIP	GAINESVILLE, FL 32605	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN BREWER	
STREET ADDRESS	1336 SE 38th PLACE	
CITY-ST-ZIP	GAINESVILLE, FL 32641	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEE-ANN LAWSON	
STREET ADDRESS	4302 NW 26th DRIVE	
CITY-ST-ZIP	GAINESVILLE, FL 32605	
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:

R. Neil Lawson R. Neil LAWSON

5-17-2000

Date

352-371-1110

Daytime Phone #

CR2E034 (9/99)