## 2002 Uniform Business Report (UBR)

## Mar 29, 2002 8:00 am § P99000109286 DOCUMENT # **Secretary of State** 1. Entity Name 03-29-2002 91221 035 \*\*\*158.75 COMSPEQ INTERNATIONAL CORP. Principal Place of Business Mailing Address 315 EAST ROBERTSON STREET PO BOX 1737 BRANDON FL 33511 BRANDON FL 33509 2. Principal Place of Business 3. Mailing Address 6013 FAUIKENDURG KD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Juite 2-4 City & State City & State 4. FEI Number Applied For 59-3620944 Not Applicable <u>POMPA</u> Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required Hillsborough 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GREGORY, WILLIAM P Street Address (P.O. Box Number is Not Acceptable) 715 SWANN AVE. TAMPA FL 33606 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition TITLE ☐ Delete TITLE ☐ Change CAVALIER, LEONARD NAME NAME STREET ADDRESS 315 EAST ROBERTSON STREET STREET ADDRESS CITY-ST-ZIP **BRANDON FL 33511** CITY-ST-ZIF Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME CAREY, TOM STREET ADDRESS 315 E. ROBERTSON ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRANDON FL 33511** THTLE ☐ Delete TITLE ☐ Change Addition NAME NAME GLENN, RANDY STREET ADDRESS STREET ADDRESS 315 E. ROBERTSON ST. CITY-ST-ZIP CITY-ST-ZIP **BRANDON FL 33511** TITLE ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 fusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

of the corporation or the receiver or changed, or on an attachment with

03/18/02