## 2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # \$91025** Aug 08, 2000 8:00 am Secretary of State COMPREHENSIVE TOWER INSPECTION, INC. 08-08-2000 90011 014 \*\*\*150.00 Principal Place of Business Mailing Address 6 FAGLE LANE 6 EAGLE LANE PALM HARBOR FL 34683 PALM HARBOR FL 34683 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3095161 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WARMOUTH, ELLSWORTH F JR Street Address (P.O. Box Number is Not Acceptable) 6 EAGLE LANE PALM HARBOR FL 34683 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. 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. Diretor + Treasurer TITLE Delete WARMOUTH, ELLSWORTH F JR. NAME NAME STREET ADDRESS **6 EAGLE LANE** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM HARBOR FL 34683 Vice President TITLE ☐ Delete TITLE ☐ Addition WEST, THOMAS NAME NAME STREET ADDRESS STREET ADDRESS 118 STONEMILL DR. CITY-ST-ZIP CITY.-ST-ZIP MADISON MS 39110 acident TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIF Change ☐ Delete ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS

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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

CITY-ST-ZIP

CITY-ST-ZIP

Comprehensive Tower Inspection, Inc.

July 28, 2000

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

Please find enclosed \$150.00 as I never received our 2000 Uniform Business Report until today. I did call in late May for one but never received that one. If you have any questions please feel free to call me at 727.736.6489.

Sincerely,

Rachelle Warmouth,

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President