2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jun 04, 2001 8:00 am **Secretary of State**

DOCUMENT# s91025 1. Entity Name 06-04-2001 90019 040 ***150.00 COMPREHENSIVE TOWER INSPECTION, INC. Principal Place of Business Mailing Address 6 EAGLE LANE P.O. Box 39 OZONA, FL 34660 Palm Harbor, FL 34683 00057511 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FELNumber Applied For 7-3095/6 Not Applicable Zip Country 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 Name Warmouth, Ellsworth F. Jr. Street Address (P.O. Box Number is Not Acceptable) 6 Eagle Lane Palm Harbor, FL 34683 City Zip Code 6. 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 minstation) DATE FILE NOW! PEE 18:\$150:00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 200 | Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of Sta 11. OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Addition TITLE ☐ Change TITLE Director/Treasurer NAME NAME Warmouth, Ellsworth F., Jr. ŞTREET ADORESS STREET ADORESS Eagle Lane, Palm Harbor, 34 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITI F Chance TITLE Vice President NAME NAME Tom West STREET ADDRESS STREET ADDRESS M_{S-st-3},91 0 118, Stonemell Dr., Madison, CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition President - -HALF Rachelle Warmouth STREET ADDRESS STREET ADDRESS 6 Eagle Lane, Palm Harbor, FL 3n46-8n3 CITY-ST-79P ☐ Change Addition TITLE Delete TITLE Secr NAME NAME Frishe, James C. STREET ADDRESS SITY-ST-ZIP STREET ADDRESS B3707 6617 Blue Heron, St. Pëtersbu CITY-ST-ZIP TITLE ☐ Change [] Addition TITI F Delete NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling does not qualify for he 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 mix 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 SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER C & DIRECTOR