2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT # P0000074382

1. Entity Name

COMPSON ST. ANDREWS ASSOCIATES, INC.



FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90132 039 ***150.00

		,							
Principal Place of Business 980 NORTH FEDERAL HWY. SUITE 400 BOCA RATON FL 33432		Mailing Address 980 NORTH FEDERAL HWY. SUITE 400 BOCA RATON FL 33432							
2. Principal Place of Business		3. Mailing Address					1461 46 511 88 661 4 88 11		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City & State		···	4. FEI N	65-1034297			plied For t Applicable
Zip Country		Zip Coun		у Э	5. Certificate of Status D			.75 Add	litional
	6. Name and Address of Current R	Legistered Agent			7. Name	and Address of New I			
TAMMADI THUSSIEL TO STREET, HEGTORS DAVIS 1900 PHILLIPS POINT WEST				Name Robert Comparato Street Address (P.O. Box Number is Not Acceptable) 980 N. FEDERAL Hwy. Suite 400					
The above named entity submits this statement for the purpose of changing its register				City Boo	(-14)	CATON The both in the State of El	FL lorida Lam fam	Zip Code	432
	tions of registered agent. Signature, typed or printed name of registered agent ar			Agent signature required			DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State			%	76-7	2	Election Campaign Fi Trust Fund Contribution			0 May Be to Fees
10.	OFFICERS AND D	DIRECTORS	11.		ADDITIO	ONS/CHANGES TO OF	FICERS AND DI	RECTORS	3 IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COMPARATO, ROBERT 980 NORTH FEDERAL HWY. SUIT BOCA RATON FL 33432	□ Delete E 400		T ADDRESS ST-ZIP] Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COMPARATO, MICHAEL 6575 NW 32nd WAY BOCA RATON, FL 33496	☐ Delete		T ADDRESS ST-ZIP		<u> </u>		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COMPARATO, JEFFREY 8650.2 EAGLE RUN DRI BOCA RATON, FL 33434			T ADDRESS ST-ZIP] Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		T ADDRESS ST-ZIP] Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		T ADDRESS ST-ZIP] Change	☐ Addition
TITLE NAME STREET ADDRESS		☐ Delete		T ADDRESS] Change	☐ Addition

12. 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 trusted expowered to precure this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an addition, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Comparate

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