2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowers

SIGNATURE:

FILED **DOCUMENT # 467514** Mar 01, 2000 8:00 am 1. Entity Name **Secretary of State** THE COMPASS AGENCY, INC. 03-01-2000 90002 006 ***150.00 Principal Place of Business Mailing Address P.O. BOX 41368 6536 CENTRAL AVE ST. PETERSBURG FL 33743-1368 ST. PETERSBURG FL 33707 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-1572622 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Herbert Green GREEN, SHARI S. Street Address (P.O. Box Number is Not Acceptable) 1100 80TH STREET COURT SOUTH ST. PETERSBURG FLORIDA 33707 33707 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 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 State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11, ☐ Change Addition TITLE Delete TITLE NAME NAME GREEN, SHARI S. STREET ADDRESS STREET ADDRESS 1100 80TH ST. COURT SO. CITY-ST-ZIP CITY-ST-7IP ST. PETERSBURG FL ☐ Change Addition **X** Delete TITLE TITLE NAME NAME GREEN, SHARI S. STREET ADDRESS STREET ADDRESS 1100 80TH ST. COURT SO. CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL ☐ Addition 💢 Change ☐ Delete TITLE NAME NAME GREEN, HERBERT STREET ADDRESS STREET ADDRESS 1100 80TH ST. COURT SO. CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP. CITY-ST-ZIP ☐ Addition ☐ Change TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS 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