

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000002247

1. Entity Name

COMPASS USA, LTD.

Principal Place of Business

C/O J. BOB HUMPHRIES. ESQ.
501 EAST KENNEDY BLVD., SUITE 1700
TAMPA FL 33602

Mailing Address

C/O J. BOB HUMPHRIES. ESQ.
501 EAST KENNEDY BLVD., SUITE 1700
TAMPA FL 33602-5239

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 28 AM 3:05



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2152 14th Circle North

3. Mailing Address

2152 14th Circle North

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

City & State

St. Petersburg, FL

4. FEI Number

59-3746145

Applied For

Not Applicable

Zip

33713

Country

USA

Zip

33713

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUMPHRIES, J. BOB ESQ.
C/O FOWLER, WHITE, GILLEN, ET AL
501 EAST KENNEDY BLVD., SUITE 1700
TAMPA FL 33602

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

5,139,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$1,000,000.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # P97000089562
NAME COMPASS ACQUISITION & DEVELOPMENT CORP.
STREET ADDRESS 501 EAST KENNEDY BLVD., SUITE 1700
CITY - ST - ZIP TAMPA FL 33602

STREET ADDRESS
CITY - ST - ZIP

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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: SIGNATURE REQUIRED

Clark H. Scherer III 3/27/00 727-321-8111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/99)