

2002 UNIFORM BUSINESS REPORT (UBR)

0004198 AV

DOCUMENT # A97000002247

1. Entity Name
COMPASS USA, LTD.

FILED

02 APR 30 PM 4:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

DUE BY MAY 1, 2002

4. FEI Number **59-3746145**

Applied For
Not Applicable

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

CLARK H. SCHERER III
2152 14TH CIRCLE NORTH
ST. PETERSBURG FL 33713

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

9. Capital Contributions as Shown on record. **\$5,139,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

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**

4/25/02

Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE