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FILED

Per interior

2002 UNIFORM BUSINESS REPORT (UBR)

Aug 25, 2002 8:00 am Secretary of State DOCUMENT # F00000000793 1. Entity Name 08-25-2002 90216 023 ***150.00 COMPASS MARKETING OF AL. INC. FLD Principal Place of Business Mailing Address 175 NORTHSHORE PLACE P.O. BOX 3388 **GULF SHORES AL 36542 GULF SHORES AL 36547** 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. FEI Number Applied For 63-0933723 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CAPITAL CONNECTION Street Address (P.O. Box Number is Not Acceptable) 417 EAST VIRGINIA STREET, SUITE #1 TALLAHASSEE FL 32301 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. I am familiar with, and accept the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After September 13, 2002 Fee will be \$750.00 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. (4/02)TITLE ☐ Delete TITLE Change Change Addition NAME ELLIS, J. GARY NAME 561-WEDGEWOOD DRIVE OR 175 NORTHSHORE PL. STREET ADDRE STREET ADDRESS 75 Northshore Place CR2E034 CITY-ST-ZIP **GULF SHORES AL 36542** CITÝ-ST-ZIP ulf Shores AL 36542 TITLE Delete TITLE Addition one, April NAME GREER, DAVID S NAME STREET ADDRESS 1701 HERITAGE DRIVE STREET ADDRESS CITY-ST-ZIP **GULF SHORES AL 36542** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 port 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 pr trustee employed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, my all other like empowered.

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

SIGNATURE

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

Delete

8120102 2519684600

☐ Change

☐ Addition



August 20, 2002

Florida Department of State Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, FL 32302-1500

Dear Secretary of State:

I am requesting that the penalty for late payment be forgiven. Due to the fact, that there was a misunderstanding between the Register Agent and our office. Our company never received the first notice and was not aware that the UBR was due before May 2002 in order to avoid penalties. We assumed that the Register Agent would have handled the processes of filing the 2002 UBR. Therefore, I have enclosed a check for \$150 and the 2002 UBR with changes.

If there are any questions concerning this matter, please do not hesitate to contact me at 800-239-9880 or 251-968-4600.

Sincerely,

_Dory A. Lanter __ Director of Finance