

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000000793

1. Entity Name

COMPASS MARKETING OF AL, INC.

FLD

**FILED**  
Aug 25, 2002 8:00 am  
Secretary of State

08-25-2002 90216 023 \*\*\*150.00

0140183 AB

Principal Place of Business

175 NORTSHORE PLACE  
GULF SHORES AL 36542

Mailing Address

P.O. BOX 3388  
GULF SHORES AL 36547



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 63-0933723

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CAPITAL CONNECTION

417 EAST VIRGINIA STREET, SUITE #1  
TALLAHASSEE FL 32301

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME ELLIS, J. GARY  
STREET ADDRESS 581 WEDGEWOOD DRIVE OR 175 NORTSHORE PL.  
CITY-ST-ZIP GULF SHORES AL 36542 ☐ Delete

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 175 Northshore Place  
CITY-ST-ZIP Gulf Shores AL 36542

TITLE V  
NAME GREER, DAVID S  
STREET ADDRESS 1701 HERITAGE DRIVE  
CITY-ST-ZIP GULF SHORES AL 36542 ☒ Delete

TITLE V  
NAME Boone, April  
STREET ADDRESS 679 E. Michigan Ave #907  
CITY-ST-ZIP Foley AL 36535 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 changed, or on an attachment with an address, and all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/20/02 251 968 4600

CR2E034 (4/02)

