

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2002 8:00 am
Secretary of State

09-18-2002 90049 010 ***550.00

DOCUMENT # F00000005391

1. Entity Name
COMPASS CS (SOUTH EAST) INC.

Principal Place of Business
4700 FOREST DRIVE, SUITE 202
COLUMBIA SC 29225

Mailing Address
4700 FOREST DRIVE, SUITE 202
COLUMBIA SC 29225



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 **06-1575481**

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

~~CORPORATION SERVICE COMPANY~~
~~1201 HAYS STREET~~
~~TALLAHASSEE FL 32301-2525~~

Columbia Staffing
6537 Park Blvd.
Pinellas Park, FL
33781

Name **Diana Englehart**

Street Address (P.O. Box Number is Not Acceptable)
4350 West Waters, Suite 203

City **Tampa** **FL** Zip Code **33614**

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 *Diana Englehart*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9-12-02

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 **PD** ☐ Delete
 NAME **CARVER, CHRISTIAN**
 STREET ADDRESS **61 WILTON ROAD, 2ND FLOOR**
 CITY-ST-ZIP **WESTPORT CT 06880**

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

TITLE **V** ☐ Delete
 NAME **PEAGLER, PENNIE**
 STREET ADDRESS **61 WILTON ROAD, 2ND FLOOR**
 CITY-ST-ZIP **WESTPORT CT 06880**

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

TITLE **SD** ☐ Delete
 NAME **MASSOUD, I. JOSEPH**
 STREET ADDRESS **61 WILTON ROAD, 2ND FLOOR**
 CITY-ST-ZIP **WESTPORT CT 06880**

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

TITLE **ASD** ☐ Delete
 NAME **SABO, ELIAS**
 STREET ADDRESS **61 WILTON ROAD, 2ND FLOOR**
 CITY-ST-ZIP **WESTPORT CT 06880**

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

TITLE **AS** ☐ Delete
 NAME **SHAPIRO, ALAN**
 STREET ADDRESS **61 WILTON ROAD, 2ND FLOOR**
 CITY-ST-ZIP **WESTPORT CT 06880**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

CR2E034 (4/02)

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, with all other like empowered.

SIGNATURE: *Pennie C. Peagler*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/11/02 803-782-9500
 Date Daytime Phone #