

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000003352

1. Entity Name

COMPASS COMMUNICATIONS, INC.

**FILED**  
**Jun 20, 2000 8:00 am**  
**Secretary of State**

06-20-2000 90008 043 \*\*\*550.00

Principal Place of Business

1255 Lakes Parkway

1335 OLD NORCROSS ROAD Building 100, Suite 101

LAWRENCEVILLE GA 30045

Mailing Address

1255 Lakes Parkway

1335 OLD NORCROSS ROAD Building 100, Suite 101

LAWRENCEVILLE GA 30045

2. Principal Place of Business

1255 Lakes Parkway

Suite, Apt. #, etc.

Bldg. 100, Suite 101

City & State

Lawrenceville, GA

Zip

30043

Country

USA

3. Mailing Address

1255 Lakes Parkway

Suite, Apt. #, etc.

Bldg. 100, Suite 101

City & State

Lawrenceville, GA

Zip

30043

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

58-2106693

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

Name

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

City

FL

Zip Code

KENNEDY, EUGENE M ESQ.  
517 SOUTHWEST FIRST AVENUE  
FT. LAUDERDALE FL 33301

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

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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 ☐ Delete  
NAME PC  
STREET ADDRESS WILTSE, KENNETH  
CITY-ST-ZIP 1335 OLD NORCROSS ROAD 1255 Lakes Parkway  
LAWRENCEVILLE GA 30045-30043

TITLE ☐ Change ☒ Addition  
NAME Hinkle, Ron  
STREET ADDRESS 1255 Lakes Parkway  
CITY-ST-ZIP Lawrenceville, GA 30043

TITLE ☐ Delete  
NAME V  
STREET ADDRESS KENNEDY, EUGENE M  
CITY-ST-ZIP 517 SOUTHWEST 1ST AVENUE  
FT LAUDERDALE FL 33301

TITLE ☐ Change ☒ Addition  
NAME Thomas, Brad  
STREET ADDRESS 1255 Lakes Parkway  
CITY-ST-ZIP Lawrenceville, GA 30043

TITLE ☐ Delete  
NAME NAYBOR, JOHN  
STREET ADDRESS 1335 OLD NORCROSS ROAD 1255 Lakes Parkway  
CITY-ST-ZIP LAWRENCEVILLE GA 30045-30043

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

TITLE ☒ Delete  
NAME TS  
STREET ADDRESS TEDESCO, GARY  
CITY-ST-ZIP 1335 OLD NORCROSS ROAD 1255 Lakes Parkway  
LAWRENCEVILLE GA 30045-30043

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

TITLE ☐ Delete  
NAME Hinkle, Ron  
STREET ADDRESS 1255 Lakes Parkway, Bldg. 100, Suite 101  
CITY-ST-ZIP Lawrenceville, GA 30043

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

TITLE ☐ Delete  
NAME Thomas, Brad  
STREET ADDRESS 1255 Lakes Parkway, Bldg. 100, Suite 101  
CITY-ST-ZIP Lawrenceville, GA 30043

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

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:

*RONALD A. HINKLE*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/18/00 770 682-4600  
Date Daytime Phone #

CR2E034 (9/99)