FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90277 035 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J54255

1. Entity Name

COMPASS PRODUCTS CORPORATION

656865

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
~~15191 Harbour Isle Drive~~	~~15191 Harbour Isle Drive~~
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
~~Fort Myers FL 33908~~	~~Fort Myers FL 33908~~

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0005571 | Applied For

☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

Name: Lax, Milton J.

Street Address (P.O. Box Number is Not Acceptable): 15191 Harbour Isle Drive

City: Fort Myers FL Zip Code: 33908

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. (NOTE: Registered Agent signature required when reinstating)

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

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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

TITLE	P
NAME	Lax, Milton J.
STREET ADDRESS	~~15191 Harbour Isle Drive~~ 6400 Estero Blvd. Apt 400. Ft. Myers Beach
CITY-ST-ZIP	~~Fort Myers, FL 33908~~ Fl. 33931
TITLE	D
NAME	Lax, Josephine
STREET ADDRESS	~~15191 Harbour Isle Drive~~
CITY-ST-ZIP	~~Fort Myers FL 33908~~
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: MILTON J. LAX Milton J. Lax, President — 6400 Estero Blvd., Ft. Myers Beach, Fl. apt. 400 33931 — 4/25/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone