

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90297 001 ***100.00

DOCUMENT # L00000012588

1. Entity Name

COMPASS CONSULTING SERVICES, LLC

Principal Place of Business

**11211 N. NEBRASKA AVENUE, SUITE A-11
TAMPA FL 33612**

Mailing Address

**11211 N. NEBRASKA AVENUE, SUITE A-11
TAMPA FL 33612**

2. Principal Place of Business

11215 N. Nebraska Ave.

Suite, Apt. #, etc.

Suite B-8

City & State

Tampa, FL

Zip

33612

Country

3. Mailing Address

11215 N. Nebraska Ave.

Suite, Apt. #, etc.

Suite B-8

City & State

Tampa, FL

Zip

33612

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3677516

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**HINES, JAMES P
315 SOUTH HYDE PARK AVENUE
HINES NORMAN & ASSOCIATES, P.L.
TAMPA FL 33606**

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	FALLE, LEE R	
STREET ADDRESS	4906 W. ESTRELLA	
CITY-ST-ZIP	TAMPA FL 33629	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/26/02 813-558-8480

CR2E083 (9/01)