


L00000012588

1 of 2

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # <u>L00000012588</u>	
1. Entity Name <u>Compass Consulting Services, LLC</u>	

FILED

03 OCT 13 PM 1:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>11215 N. Nebraska Ave.</u> Suite, Apt. #, etc. <u>#38</u> City & State <u>Tampa FL</u> Zip <u>33612-5787</u> Country	3. Mailing Address <u>11215 N. Nebraska Ave</u> Suite, Apt. #, etc. <u>#38</u> City & State <u>Tampa FL</u> Zip <u>33612-5787</u> Country
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DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number <u>59-3677516</u>	Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
	7. Name and Address of Current Registered Agent	
	Name <u>Hines, James P. Esq.</u> Street Address (P.O. Box Number is Not Acceptable) <u>Hines Norman & Associates, P.A.</u> <u>315 South Hyde Park Avenue</u> City <u>Tampa</u> FL Zip Code <u>33606</u>	

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.

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>President</u> <u>Falk, Lee R</u> <u>4906 W. Estrella</u> <u>Tampa, FL 33629</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>000023766140</u> <u>10/13/03--01096--013 **50.00</u>
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E0836 (12/02)



COMPASS SECURITY SERVICES, LLC

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October 9, 2003

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Compass Consulting Services, LLC
Document # L00000012588

To Whom It May Concern:

I spoke to one of your representative's today to inquire why our company status is listed as inactive on the www.sunbiz.org website. She stated the UBR had not been received. I informed her we never received one and asked her to verify the address. It appears our address was listed with an incomplete zip code.

She updated the records to reflect the correct address and told me to download the form from the website, to complete and send in along with a check for \$50.00, and to write this letter explaining the incomplete address so we would not be charged a reinstatement fee.

Enclosed please find the 2003 UBR along with the check for \$50.00. Thank you for your assistance and please contact me with any questions.

Sincerely,

Lori J. Morrow
Controller