

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

L81882

COMPAS-S GTD., INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 AUG 20 PM 4:03

Principal Place of Business

BRYAN DE SAVA

P.O. BOX 167

6513 THOROUGHbred LOOP DRIVE, ODESSA FL 33556

Mailing Address

COMPAS-S LTD., INC.

6513 THOROUGHbred LOOP DRIVE ODESSA FL 33556

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3027714

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DE SAVA, BRYAN

6513 THOROUGHbred LOOP DRIVE

ODESSA FL 33556

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

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, 2001 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
NAME
STREET ADDRESS
CITY - ST - ZIP
DIRECTOR
DE SAVA, BRYAN
6513 THOROUGHbred LOOP DRIVE
ODESSA FL 33556 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
ODESSA FL 33556 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
900004548869--0
-08/22/01--01056--010
****158.75 ****158.75 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
8/18/01 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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

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:

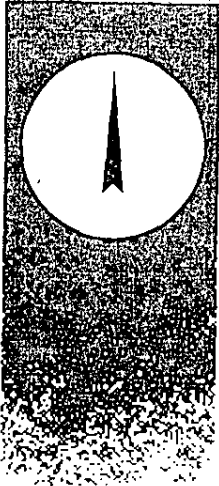
Bryan De Sava

08-15-01

Date

Daytime Phone #

CR2E034 (11/00)



COMPAS-S Ltd., Inc.

Creative
Opportunities for
Marketing
Products
And
Services
Successfully

15 AUGUST 2001

DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE
409 EAST GAINES STREET
TALLAHASSEE, FLORIDA 32399

THIS IS A COPY OF REPORT, 2001 UNIFORM BUSINESS REPORT (UBR) WHICH I PREPARED AFTER DOWNLOADING FROM THE WWW.SUNBIZ.ORG SITE.

I NEVER DID RECEIVE THE REPORT WHICH I UNDERSTAND WAS MAILED TO RECIPIENTS THIS PAST WINTER.

I HAVE HAD SEVERAL HSPITAL STAYS DURING THE MONTHS OF 2001 AND AM PREPARING TO LEAVE FOR THE HOSPITAL TO HAVE A MORPHINE PUMP INSTALLED. AS I WAS REVEIHING THIS YEAR VS PRIOR YEAR, I DECIDED TO CHECK TO SEE IF ANY REMITTANCE HAD BEEN RECEIVED BY THE STATE. UPON LEARNING THAT THERE WAS A NEW REPORT CALLED 2001 UNIFORM BUSINESS REPORT, I AM FILING THIS AFTERNOON AND MAILING BY OVERNIGHT COURIER WITH REMITTANCE OF \$ 158.75

I REQUEST THAT CONSIDERATION BE GIVEN FOR FAILURE TO FILE DUE TO LACK OF RECEIPT OF NOTIFICATION. I NORMALLYFILE AND REMIT UPON RECEIPT AND THAT IS WHY I WAS SO DISTRESSED AS I HAD THOUGHT I HAD FILED. IT WOULD, OF COURSE, BE DEEPLY APPRECIATED IF THE STATE WOULD REFRAIN FROM ISSUING ANY PENALTY CHARGES TO PREVENT ANY MISDIRECTION OF MAIL, I AM REQUESTING ADDRESS BE CHANGED TO STREET RATHER THAN POST OFFICE IN THE EVENT THAT MAILINGS ARE PLACED IN WRONG BOX AND NOT REDIRECTED TO THE CORRECT BOX.YOUR CONSIDERATION FOR THIS REPORT IS REQUESTED.
MOST SINCERELY, BRYAN DE SAVA

Bryan De Sava