2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000004131 1. Errory Name COMPASS SECURITY SERVICES, LLC Principal Place of Business Malling Address 4806 ESTRELA TAMPA R, 3929 2. Principal Place of Business 112 1	1. Entity Name COMPASS SECURITY SERVICES, LLC PRICE STRELA ADDRESS SECURITY SERVICES, LLC PRICE STRELA ADDRESS SECURITY SERVICES, LLC SOLO ADDRESS AND IN SOLO SEP 18 AN IO: 02 SOLO ADDRESS AND IO: 02 SOLO ADDRESS AND IO: 02 SOLO ADDRESS AND IO: 03 SOLO ADDRESS AND IO: 04 SOLO ADDRESS AND								
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Zip Country Co	Zip 33cl 2	City & Stat	te				4. FEI Number	— MAF	oplied For
The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. SIGNATURE MANAGING MEMBERS/MANAGERS TILE MARA FL 33629 TILE M	Signar Address (P.O. Box Number is Natis Desired Fee Registered Agent Name Nam	Tam	ра		 				
Singer Address of Current Registered Agent File Norman & Address of New Registered Agent Anne Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) TAMPA FL 33606 City FL Zip Code The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE THE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State MGRIM NAME SIRET ADDRESS OTH-ST-29 TILE NAME SIRET ADDRESS OTH-ST-29	SIGNATURE Signature, typed or primed name of ingostered Agent Approximately Approximate			33(012	Cour	stry SA	5. Certificate of Status Desired		
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HINES NORMAN & ASSOCIATES, P.A. 315 SOUTH HYDE PARK AVENUE TAMPA FL 33606 6. 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 Parks	HINES NORMAN & ASSOCIATES, P.A. 315 SOUTH HYDE PARK AVENUE TAMPA FL 33606 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 Page data is, toped or privated name of registered agent and title if applicable. (MOTE Registered Agent agent and agent and agent and title if applicable. (MOTE Registered Agent agent and title if applicable. (MOTE Registered Agent agent and agent agent and agent agent agent agent agent and agent age	· · · · · · · · · · · · · · · · · · ·				Name	·		
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