

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000004131**

1. Entity Name

COMPASS SECURITY SERVICES, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 18 AM 10:02

nf

Principal Place of Business

4906 ESTRELLA
TAMPA FL 33629

Mailing Address

4906 ESTRELLA
TAMPA FL 33629



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11211 N Nebraska Ave

Suite, Apt. #, etc.

A-11

City & State

Tampa

Zip

33612

Country

USA

3. Mailing Address

11211 N Nebraska Ave

Suite, Apt. #, etc.

A-11

City & State

Tampa

Zip

33612

Country

USA

4. FEI Number

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 ESQ.
HINES NORMAN & ASSOCIATES, P.A.
315 SOUTH HYDE PARK AVENUE
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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME **MGRM FALK, LEE R** ☐ Delete
STREET ADDRESS **4906 ESTRELLA**
CITY-ST-ZIP **TAMPA FL 33629**

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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TITLE NAME ☐ Change ☐ Addition
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:

Lee R Falk
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

9/14/00

813-558-8480

CR2E083 (5/00)