

# L99000004131

## LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

1 of 2

FILED

03 OCT 13 PM 1:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L99000004131

1. Entity Name

Compass Security Services, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11215 N. Nebraska Ave.

Suite, Apt. #, etc.

# B8

City & State

Tampa FL

Zip

33612-5787

Country

3. Mailing Address

11215 N. Nebraska Ave.

Suite, Apt. #, etc.

# B8

City & State

Tampa FL

Zip

33612-5787

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3583933

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Hines James P Esq

Street Address (P.O. Box Number is Not Acceptable)

Hines Norman : Associates, P.A.

315 South Hyde Park Avenue

City

Tampa

FL

Zip Code

33601

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

President  
Fulk, Lee R  
4906 Estrella  
Tampa, FL 33629

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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REINSTATEMENT

2003

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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 #

CR2E083B (12/02)



## COMPASS SECURITY SERVICES, LLC

29/2

October 9, 2003

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

**RE: Compass Security Services, LLC**  
**Document # L99000004131**

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](http://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