

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jul 14, 2001 08:00 AM****Secretary of State****DOCUMENT # P00000041270**1. Entity Name
COMPASS CONSULTING COMPANY**Principal Place of Business**

860 OAKWOOD DRIVE

MELBOURNE

32940

FL

Mailing Address

860 OAKWOOD DRIVE

MELBOURNE

32940

FL

2. Principal Place of Business

195 ALAMEDA DRIVE

3. Mailing Address

775 E. MERRITT ISLAND CAUSEWAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 220

City & State

MERRITT ISLAND

FL

City & State

MERRITT ISLAND

FL

Zip

32952

Country

Zip

32952

Country

4. FEI Number

Applied For

☒ Not Applicable**5. Certificate of Status Desired**☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**CHRISTIE TODD E**
860 OAKWOOD DRIVE

MELBOURNE

32940

FL

7. Name and Address of New Registered Agent**Name****CHRISTIE TODD E**

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

195 ALAMEDA DRIVE

City

MERRITT ISLAND

FL

Zip Code

32952

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 _____ **07/14/2001**

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**

TITLE	P	<input type="checkbox"/> Delete
NAME	CHRISTIE TODD EDWARD	
STREET ADDRESS	860 OAKWOOD DRIVE	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTIE TODD E	
STREET ADDRESS	195 ALAMEDA DRIVE	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Todd E Christie

P

07/14/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)