

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90132 039 ***150.00

DOCUMENT # P00000074382

1. Entity Name
COMPSON ST. ANDREWS ASSOCIATES, INC.



Principal Place of Business
980 NORTH FEDERAL HWY.
SUITE 400
BOCA RATON FL 33432

Mailing Address
980 NORTH FEDERAL HWY.
SUITE 400
BOCA RATON FL 33432

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1034297**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~KAMPF, HUSSELE~~
~~STEELE, HECTOR & DAVIS~~
~~1900 PHILIPS POINT WEST~~
~~WEST PALM BEACH FL 33401~~

Name **Robert Comparato**
Street Address (P.O. Box Number is Not Acceptable)
980 N. Federal Hwy. Suite 400
City **Boca Raton** FL Zip Code **33432**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
☐ Delete	D COMPARATO, ROBERT 980 NORTH FEDERAL HWY. SUITE 400 BOCA RATON FL 33432	☐ Change ☐ Addition	
☐ Delete	D COMPARATO, MICHAEL 6575 NW 32nd WAY BOCA RATON, FL 33496	☐ Change ☐ Addition	
☐ Delete	D COMPARATO, JEFFREY 8650.2 EAGLE RUN DRIVE BOCA RATON, FL 33434	☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert Comparato* **Robert Comparato** **4/14/03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)