

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000089548

1. Entity Name
COMPATIBLE SOLUTIONS, INC.

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90130 025 ***150.00

Principal Place of Business

3114 COVENTRY LANE
SAFETY HARBOR FL 34695

Mailing Address

3114 COVENTRY LANE
SAFETY HARBOR FL 34695

2. Principal Place of Business

1313 COLUMBIA AVE.
Suite, Apt. #, etc.

3. Mailing Address

1313 COLUMBIA AVE.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PALEMBOR, FL

City & State

PALEMBOR, FL

4. FEI Number

59-3672122

Applied For

Not Applicable

Zip

34683

Country

PINELLAS

Zip

34683

Country

PINELLAS

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAFEMINA, WILLIAM J
3114 COVENTRY LANE
SAFETY HARBOR FL 34695

7. Name and Address of New Registered Agent

Name

BARBARA TUPACK

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

1313 COLUMBIA AVE.

City

PALEMBOR

FL

Zip Code

34683

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

Barbara Tupack

4-9-01

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 | D | <input type="checkbox"/> Delete |
| NAME | TUPACK, BARBARA | |
| STREET ADDRESS | 1313 COLUMBIA AVE. | |
| CITY-ST-ZIP | PALEMBOR FL 34683 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | LAFEMINA, WILLIAM J | |
| STREET ADDRESS | 3114 COVENTRY LANE | |
| CITY-ST-ZIP | SAFETY HARBOR FL 34695 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| 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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| 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:

Barbara Tupack

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-01

Date

Daytime Phone #

727
789-6438

CR2E034 (10/00)