

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State
 05-13-2002 90055 024 ***150.00

DOCUMENT # P00000089548

1. Entity Name
COMPATIBLE SOLUTIONS, INC.

Principal Place of Business
1313 COLUMBIA AVE
PALM HARBOR FL 34683

Mailing Address
1313 COLUMBIA AVE
PALM HARBOR FL 34683



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
849 POINT SEASIDE DR

3. Mailing Address
849 POINT SEASIDE DR
P.O. Box 1114

Suite, Apt. #, etc.
CRYSTAL BEACH FL

Suite, Apt. #, etc.
CRYSTAL BEACH FL

4. FEI Number
59-3672172

Applied For
 Not Applicable

City & State
CRYSTAL BEACH FL

City & State
CRYSTAL BEACH FL

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TUPACK, BARBARA
1313 COLUMBIA AVE
PALM HARBOR FL 34683

Name
BARBARA TUPACK-FERGUSON
 Street Address (P.O. Box Number is Not Acceptable)
849 POINT SEASIDE DR
 City
CRYSTAL BEACH FL Zip Code
34681

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 nka Barbara Ferguson* **2-13-02**
 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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TUPACK, BARBARA 1313 COLUMBIA AVE. PALM HARBOR FL 34683	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIA BARBARA FERGUSON 849 POINT SEASIDE DR. CRYSTAL BEACH FL 34681	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIVINENT FERGUSON VINCENT FERGUSON 849 POINT SEASIDE DR CRYSTAL BEACH FL 34681	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *SIC Barbara Ferguson* **2-13-02** **727-784-0026**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)