

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000007145

1. Entity Name

COMPASS ROSE CRUISE TRAVEL, INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90030 026 ***150.00

Principal Place of Business Mailing Address
11211 SOUTH MILITARY TRAIL, APT. 2922 11211 SOUTH MILITARY TRAIL, APT. 2922
BOYNTON BEACH FL 33436 BOYNTON BEACH FL 33436-7238

2. Principal Place of Business 13963 U.S. 1 Juno Bch FL 33408 3. Mailing Address 13963 U.S. Hwy 1 Juno Bch FL 33436

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State Juno Bch FL

City & State Juno Bch FL

4. FEI Number 65-0632080

Applied For
Not Applicable

Zip 33408 Country Palm Bch

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

6. Name and Address of Current Registered Agent

LOBDELL, MARION S
11211 SOUTH MILITARY TRAIL, APT. 2922
BOYNTON BEACH FL 33436

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 *[Signature]* (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, 2000 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	LOBDELL, HERBERT T. II	
STREET ADDRESS	11211 SOUTH MILITARY TR., #2922	
CITY-ST-ZIP	BOYNTON BEACH FL	
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	LOBDELL, HERBERT T. II	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	13963 U.S. Hwy 1	
STREET ADDRESS	Juno Bch FL 33408	
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
NAME		
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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/99)