

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

04-11-2002 90059 049 \*\*\*150.00

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AV

**DOCUMENT # P96000083360**

1. Entity Name  
**COMPASS ROSE INVESTIGATIONS, INC.**

Principal Place of Business  
**18842 NW 24 PLACE**  
**PEMBROKE PINES FL 33029**

Mailing Address  
**P.O. BOX 821806**  
**PEMBROKE PINES FL 33082-1806**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**17580 ORANGE GROVE BLVD**  
 Suite, Apt. #, etc.

3. Mailing Address  
**POST OFFICE BOX 1136**  
 Suite, Apt. #, etc.

City & State  
**LOXAHATCHEE FL**

City & State  
**LOXAHATCHEE FL**

4. FEI Number **65-0707387** Applied For  Not Applicable

Zip **33470** Country **USA** Zip **33470** Country **USA**

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

6. Name and Address of Current Registered Agent  
**AKEY, THEODORE J**  
**18842 NW 24 PLACE**  
**PEMBROKE PINES FL 33029**

7. Name and Address of New Registered Agent  
 Name **AKEY, THEODORE J.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**17580 ORANGE GROVE BLVD**  
 City **LOXAHATCHEE FL** Zip Code **33470**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**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	<b>DPST</b> <b>AKEY, THEODORE J</b> <b>18842 NW 24 PLACE</b> <b>PEMBROKE PINES FL 33029</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>17580 ORANGE GROVE BLVD</b> <b>LOXAHATCHEE FL 33470</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>AKEY, CHERYL</b> <b>18842 NW 24 PL</b> <b>PEMBROKE PINES FL 33029</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>17580 Orange Grove Blvd</b> <b>Loxahatchee FL 33470</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DEANDREA, GAIL</b> <b>325 OAK RIDGE DR</b> <b>CARTERSVILLE GA 30120</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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	<input 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	<input 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	<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: *Theodore J. Akey* **4-1-2** **561-784-4332**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)