

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000020845

1. Entity Name

COMPASS DEVELOPMENT ASSOCIATES, INC.

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90072 038 ***150.00

Principal Place of Business

Mailing Address

5836 COMMERCE ROAD
MILTON FL 32583

5836 COMMERCE ROAD
MILTON FL 32583-2343

2. Principal Place of Business

4220 N. DAVIS HWY

3. Mailing Address

PO BOX 2783

Suite, Apt. #, etc.

BLDG B.

Suite, Apt. #, etc.

City & State

PENSACOLA, FL

City & State

PENSACOLA, FL

4. FEI Number

59-3445317

Applied For

Not Applicable

Zip

32503

Country

US

Zip

32513

Country

US

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

OVERSTREET, BENJAMIN J IV
5836 COMMERCE ROAD
MILTON FL 32583

Name

Street Address (P.O. Box Number is Not Acceptable)
4220 N. DAVIS HWY BLDG B.

City

PENSACOLA

FL

Zip Code
32503

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/10/2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	OVERSTREET, BENJAMIN J IV	
STREET ADDRESS	5836 COMMERCE ROAD	
CITY-ST-ZIP	MILTON FL 32583	
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		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4220 N. DAVIS HWY BLDG B.	
CITY-ST-ZIP	PENSACOLA, FL 32503	
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		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/10/2000 850-432-0022