

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90224 017 ***150.00

DOCUMENT # P98000103408

1. Entity Name
COMPASS REALTY ADVISORS, INC



Principal Place of Business
**312 CLEMATIS STREET
SUITE 403
WEST PALM BEACH FL 33401**

Mailing Address
**PO BOX 1625
W. PALM BCH FL 33402
US**



2. Principal Place of Business
100 South Olive Avenue

3. Mailing Address

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
West Palm Beach FL

City & State

4. FEI Number **65-0901430**

Applied For
☐ Not Applicable

Zip
33401

Country
USA

Zip

Country

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

**DEWOODY, DONALD K JR.
1280 BEAR ISLAND DR.
W. PALM BCH FL 33409**

Name **JONATHAN R. SATTER**

Street Address (P.O. Box Number is Not Acceptable)
100 South Olive Avenue

City **West Palm Beach FL** Zip Code **33401**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE **1/10/2003**

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **DEWOODY, DONALD K JR.**
STREET ADDRESS **1280 BEAR ISLAND DR.**
CITY-ST-ZIP **W. PALM BCH FL 33409**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **SATTER, JONATHAN R**
STREET ADDRESS **P. O. BOX 1592 N/A**
CITY-ST-ZIP **W. PALM BCH FL 33402**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **1/10/2003**

Date

Daytime Phone #