

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 91030 028 ***150.00

DOCUMENT # P98000106247

1. Entity Name
THE COMPLIANCE COMPANY, INC.



Principal Place of Business
**954 CHIPPENDALE ST
DELTONA, FL 32725**

Mailing Address
**4311 REFLECTIONS BLVD. N. #201
SUNRISE, FL 33351**

2. Principal Place of Business

3. Mailing Address
954 CHIPPENDALE ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
DELTONA FL

4. FEI Number
65-0882887

Applied For
Not Applicable

Zip

Country

Zip
32725

Country
USA

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

6. Name and Address of Current Registered Agent

**LECRONE, EVELYN
954 CHIPPENDALE ST
DELTONA, FL 32725**

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

SIGNATURE

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

(NOTE: Registered Agent's signature required when restructuring)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$250.00
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTS
SWOPE, SCOTT G
4311 REFLECTIONS BLVD N. #201
SUNRISE, FL 33351**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**2401 ROXBURY COURT
CHARLOTTE NC 28208**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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 807, 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: **Scott G. Swope** **SCOTT G. SWOPE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-03

Date

704-391-4500

Daytime Phone #

CR2E034 (10/02)