

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

02-18-2002 90146 022 ***150.00
 04-02-2002 90949 036 *****8.75

B0057715



DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000008264
 1. Entity Name
COMPASS PRODUCTS UNLIMITED, INC.

Principal Place of Business Mailing Address
1163 LADY SUSAN DRIVE **1163 LADY SUSAN DRIVE**
CASSELBERRY FL 32707 **CASSELBERRY FL 32707**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

9642 BEAR LK RD.
APOPKA FL
32703
SEMINOLE

4. FEI Number **59-3555996** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
GAHAN, MICHAEL E
1163 LADY SUSAN DRIVE
CASSELBERRY FL 32707

OLD ADDRESS

7. Name and Address of New Registered Agent
 Name *MICHAEL GAHAN*
 Street Address (P.O. Box Number is Not Acceptable) *9642 BEAR LK RD.*
APOPKA
 City *APOPKA* State **FL** Zip Code *32703*

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

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	GAHAN, MICHAEL	
STREET ADDRESS	1163 LADY SUSAN DRIVE	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	GAHAN, PAMELA	
STREET ADDRESS	1163 LADY SUSAN DRIVE	
CITY-ST-ZIP	CASSELBERRY FL 32707	
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		

PD CK # 2061

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL GAHAN	
STREET ADDRESS	9642 BEAR LK. RD.	
CITY-ST-ZIP	APOPKA FL 32703	
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: *Michael E Gahan* Date *3/25/02* Daytime Phone # _____

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)