

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90200 043 ***150.00

DOCUMENT # P99000008264

1. Entity Name
COMPASS PRODUCTS UNLIMITED, INC.



Principal Place of Business
1163 LADY SUSAN DRIVE
CASSELBERRY FL 32707

Mailing Address
9642 BEAR LAKE RD
APOPKA FL 32703



2. Principal Place of Business

11205 BLACKSMITH DR.

Suite, Apt. #, etc.
TAMPA FL.

City & State

Zip
33626

Country

3. Mailing Address

COMPASS PRODUCTS

Suite, Apt. #, etc.

11205 BLACKSMITH DR.

City & State

TAMPA FL.

Zip

33626

Country

☐ CHECK HERE IF MAKING CHANGES

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
9642 BEAR LAKE RD
APOPKA FL 32703

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 *Michael Gahan*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE PD
NAME GAHAN, MICHAEL
STREET ADDRESS 9642 BEAR LAKE RD
CITY-ST-ZIP APOPKA FL 32703

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STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME GAHAN, MICHAEL
STREET ADDRESS 11205 BLACKSMITH DR.
CITY-ST-ZIP TAMPA FL 33626

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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

Michael Gahan 1/30/03 407 497 0697

Date

Daytime Phone #

CR2E034 (10/02)