

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 07, 2000 08:00 AM  
Secretary of State****DOCUMENT # P99000012558****1. Entity Name**  
COMPASS KNOWLEDGE GROUP, INC.

<b>Principal Place of Business</b> 2710 REW CIRCLE  OCOE 34761	<b>Mailing Address</b> 2710 REW CIRCLE  OCOE 34761
--	--

<b>2. Principal Place of Business</b> 2710 REW CIRCLE  Suite, Apt. #, etc. SUITE 100	<b>3. Mailing Address</b> 2710 REW CIRCLE  Suite, Apt. #, etc. SUITE 100
--	--

<b>City &amp; State</b> OCOE FL	<b>City &amp; State</b> OCOE FL
------------------------------------	------------------------------------

<b>Zip</b> 34761	<b>Country</b>	<b>Zip</b> 34761	<b>Country</b>
---------------------	----------------	---------------------	----------------

<b>4. FEI Number</b> 59-3582724	<b>Applied For</b> Not Applicable
------------------------------------	--------------------------------------

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**DAVIS NICHOLAS III  
1903 S. CONGRESS AVE.  
SUITE 400  
BOYNTON BEACH FL  
33426 US**7. Name and Address of New Registered Agent**Name  
DAVIS NICHOLAS III  
Street Address (P.O. Box Number is Not Acceptable)  
2704 REW CIRCLE  
SUITE 105  
City  
OCOE FL Zip Code  
34761**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)

**02/07/2000**

DATE

**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**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
---	---------------------------------

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D KIRVEN ROGERS W 2710 REW CIRCLE OCOE FL 34761	<input type="checkbox"/> Delete
---	--	---------------------------------

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
---	--	---------------------------------

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
---	--	---------------------------------

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
---	--	---------------------------------

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
---	--	---------------------------------

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D/P DEVINE DANIEL J 2710 REW CIRCLE, SUITE 100 OCOE FL 34761	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
---	---	--

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D/S KIRVEN ROGERS W 2710 REW CIRCLE, SUITE 100 OCOE FL 34761	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
---	---	--

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
---	--	---

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
---	--	---

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
---	--	---

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
---	--	---

**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** DANIEL J. DEVINE

02/07/2000