2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 19, 2001 08:00 AM
Secretary of State

DOCUMENT # **P99000018254**

1. Entity Name
COMPASS QUEST, INC.

Principal Place of Business	Mailing Address
6085 BAHIA DEL MAR CIRCLE #568	6085 BAHIA DEL MAR CIRCLE #568
ST. PETERSBURG FL 33715	ST. PETERSBURG FL 33715

2. Principal Place of Business	3. Mailing Address
	10460 ROOSEVELT BLVD. SUITE 254
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: ST. PETERSBURG FL
Zip / Country	Zip: 33716 / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3559244** ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FORD HARVEY A
501 FIRST AVENUE NORTH STE. 1000
ST. PETERSBURG FL
33701 US

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.

SIGNATURE ______________________ 07/19/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2001 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CROOKSTON JOHN F		NAME	
STREET ADDRESS	6085 BAHIA DEL MAR CIRCLE #568		STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33715		CITY-ST-ZIP	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CROOKSTON JUDITH M		NAME	
STREET ADDRESS	6085 BAHIA DEL MAR CIRCLE #568		STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33715		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

CR2E034 (11/00)

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: Judith Crookston D 07/19/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #