

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000020267

1. Entity Name

COMPASS MANAGEMENT & CONSULTING, INC.

FILED
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90045 029 ***150.00

Principal Place of Business 2337 OSPREY LAKE DR JACKSONVILLE FL 32224	Mailing Address 2337 OSPREY LAKE DR JACKSONVILLE FL 32224-2022
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2. Principal Place of Business 4494 Southside Blvd Suite, Apt. #, etc. 201 City & State Jacksonville, FL Zip 32216 Country USA	3. Mailing Address 4494 Southside Blvd Suite, Apt. #, etc. 201 City & State Jacksonville, FL Zip 32216 Country USA
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent NULAND, CHRISTOPHER L 1000 RIVERSIDE AVE SUITE 200 JACKSONVILLE FL 32204	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEYMOUR, CHRISTOPHER R 2337 OSPREY LAKE DR JACKSONVILLE FL 32224 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE 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:

Signature of Christopher R. Seymour
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-00

Date

904-998-0853

Daytime Phone #