

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000069747

1. Entity Name
UCOMPASS.COM, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90239 048 ***150.00

Principal Place of Business

302 FERN HOLLOW ROAD
TALLAHASSEE FL 32312-2053

Mailing Address

P.O. BOX 21355
TALLAHASSEE FL 32316-1355

2. Principal Place of Business

302 FERN HOLLOW RD.

Suite, Apt. #, etc.

TALLAHASSEE

3. Mailing Address

P.O. BOX 21355

Suite, Apt. #, etc.

City & State

FL

City & State

TALLAHASSEE, FL

Zip

32312

Country

US

Zip

32316

Country

US

4. FEI Number

59-3620726

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRUCE A. MINNICK, P.A.
2874 REMINGTON GREEN CIRCLE SUITE A
TALLAHASSEE FL 32308-1504

7. Name and Address of New Registered Agent

Name

VIRGINIA M. RANCOURT

Street Address (P.O. Box Not Acceptable)

302 FERN HOLLOW RD.

City

TALLAHASSEE FL

FL

Zip Code

32312

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) ☐

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

TITLE PD
NAME MANSOURI, EDWARD
STREET ADDRESS 302 FERN HOLLOW ROAD
CITY-ST-ZIP TALLAHASSEE FL 32312-2053 ☐ Delete

TITLE VP
NAME RANCOURT, VIRGINIA
STREET ADDRESS 302 FERN HOLLOW ROAD
CITY-ST-ZIP TALLAHASSEE FL 32312-2053 ☐ Delete

TITLE S
NAME MINNICK, BRUCE A
STREET ADDRESS 9017 EAGLES RIDGE DRIVE
CITY-ST-ZIP TALLAHASSEE FL 32312 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

EXT. 202

CR2E034 (10/00)