

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90215 022 \*\*\*150.00

0049420 AV

**DOCUMENT # P99000069747**

1. Entity Name  
**UCOMPASS.COM, INC.**



Principal Place of Business  
**302 FERN HOLLOW ROAD  
TALLAHASSEE FL 32312-2053**

Mailing Address  
**P.O. BOX 21355  
TALLAHASSEE FL 32316**



2. Principal Place of Business

**3019 Shannon Lakes North 3019 Shannon Lakes North**

3. Mailing Address

**3019 Shannon Lakes North 3019 Shannon Lakes North**

Suite, Apt. #, etc.

**Suite 203**

Suite, Apt. #, etc.

**Suite 203**

City & State

**Tallahassee FL**

City & State

**Tallahassee FL**

Zip

**32309**

Country

**U.S.**

Zip

**32309**

Country

**U.S.**

4. FEI Number

**59-3620726**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MANSOURI, VIRGINIA M  
3116 CAPITAL CIRCLE NE STE 10  
TALLAHASSEE FL 32308**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-10-03**

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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ Addition  
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:

*Virginia Mansouri*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-10-03 (850) 297-1800 x1204**

CR2E034 (10/02)