

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

04-18-2001 90015 044 ***150.00

DOCUMENT # P99000108268

1. Entity Name

2 COMPLY, INC.

Principal Place of Business

Mailing Address

5665 WESTVIEW DR.
ORLANDO FL 328105665 WESTVIEW DR.
ORLANDO FL 32810

2. Principal Place of Business

3. Mailing Address

1917 BOOTHIE CIRCLE**1917 BOOTHIE CIRCLE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE #171**SUITE #171**

City & State

City & State

LONGWOOD FL.**LONGWOOD FL**

Zip

Country

Zip

Country

32750**32750**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TERENZIO, ROBERT T
1220 DOUGLAS AVE
SUITE 101-B
LONGWOOD FL 32779

Name

Street Address (P.O. Box Number Is Not Acceptable)

1917 BOOTHIE CIRCLE**SUITE #171**

City

LONGWOOD

FL

32750

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

4/11/01

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 NAME STREET ADDRESS CITY-ST-ZIP	D DEGROOT, JAMES R 5665 WESTVIEW DR. ORLANDO FL 32810	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D DEANA HALL 1917 BOOTHIE CIRCLE SUITE #171 LONGWOOD, FL 32750	<input type="checkbox"/> Change <input checked="" 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)(l), 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: **Deana Hall, President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-11-01

CR2E034 (10/00)