

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J15679

1. Entity Name

COMPLETION SERVICES, INC.

Principal Place of Business

2121B CORPORATE SQ BLVD
SUITE 269
JACKSONVILLE FL 32216
US

Mailing Address

2121B CORPORATE SQ BLVD
SUITE 269
JACKSONVILLE FL 32216-1919
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

ISELEY, ROBERT F JR
50 N. LAURA STREET, SUITE 2150
JACKSONVILLE FL 32202

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

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, 2000 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	<input checked="" type="checkbox"/> Delete
NAME	LEFFERS, DANIEL	
STREET ADDRESS	2727-2 LOFTY DR.	
CITY-ST-ZIP	FORT WAYNE IN 46808-3927	
TITLE	TDSD	<input checked="" type="checkbox"/> Delete
NAME	HUGHES, KELLEY	
STREET ADDRESS	1045-C GARDEN OF GODS RD.	
CITY-ST-ZIP	COLORADO SPRINGS CO 80907-3405	
TITLE	VD	<input type="checkbox"/> Delete
NAME	STOERMER, WILLIAM	
STREET ADDRESS	4059 E CHEROKEE RD.	
CITY-ST-ZIP	STOCKTON CA 95215	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	DAFFERN, JOHN	
STREET ADDRESS	1629 FIFTH ST. LOUTH RR #3	
CITY-ST-ZIP	ST. CATHERINES, ON L2R 6P9	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	FELICELLI, RICK	
STREET ADDRESS	919 HWY. 33 STE. 49	
CITY-ST-ZIP	FREEHOLD NJ 07728-8440	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Chris Wiggins	
STREET ADDRESS	10950 47th St N	
CITY-ST-ZIP	Clearwater, FL 34622-5001	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Don Kuhfuss	
STREET ADDRESS	315 Trane Lane	
CITY-ST-ZIP	Knoxville, TN 37919-6041	
TITLE	TDSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William Stoermer	
STREET ADDRESS	4059 E Cherokee Rd	
CITY-ST-ZIP	Stockton, CA 95215	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

William A. Stoermer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/00

Date

(904) 805-8824

Daytime Phone #

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90142 027 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **NOT APPLICABLE**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required