

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J15679

1. Entity Name

COMPLETION SERVICES, INC.

FILED
Jan 17, 2001 8:00 am
Secretary of State

01-17-2001 90070 017 ***150.00

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
US

2. Principal Place of Business
6034 CHESTER AVE

3. Mailing Address
6034 CHESTER AVE

Suite, Apt. #, etc.

SUITE #104

Suite, Apt. #, etc.

SUITE #104

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

Zip
32217

Country
USA

Zip
32217

Country
USA

4. FEI Number NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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, 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 **VD** ☒ Delete
NAME **STOERMER, WILLIAM**
STREET ADDRESS **4059 E CHEROKEE RD.**
CITY-ST-ZIP **STOCKTON CA 95215**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Change ☒ Addition
NAME **JIM UNTZ**
STREET ADDRESS **1349A S PARK DRIVE**
CITY-ST-ZIP **KERNERSVILLE, NC 27284**

TITLE **VD** ☐ Change ☒ Addition
NAME **PHIL MAJERUS**
STREET ADDRESS **323 LINCOLN COURT**
CITY-ST-ZIP **FT. COLLINS, CO 80524**

TITLE **TDSD** ☐ Change ☒ Addition
NAME **DON KUHFUSS**
STREET ADDRESS **315 TRANE LANE**
CITY-ST-ZIP **KNOXVILLE, TN 37919**

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

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

TITLE ☐ Change ☐ 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 addendum with all other like empowers.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DON KUHFUSS, TREASURER 1/18/01 (904)732-9450

Date

Daytime Phone #

CR2E034 (10/00)

0016717