

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J15679

**Entity Name:** COMPLETION SERVICES, INC.

**Current Principal Place of Business:**

5210 BELFORT ROAD  
SUITE 310  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

5210 BELFORT RD  
SUITE 310  
JACKSONVILLE, FL 32256 US

**FEI Number:** 59-2874210

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NICANDRI, PETER  
14 EAST BAY ST  
JACKSONVILLE, FL 32202 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            TREASURER  
Name            MUMFORD, MARGUERITE  
Address        2111 N LIBERTY ST  
City-State-Zip: JACKSONVILLE FL 32206

Title            PRESIDENT  
Name            SUSZYNSKI, JEFF  
Address        11900 WASHINGTON STREET  
City-State-Zip: CHAGRIN FALLS OH 44023

Title            DIRECTOR  
Name            FLOYD, BARRY  
Address        ONE INDEPENDENT DRIVE  
                 SUITE 2300  
City-State-Zip: JACKSONVILLE FL 32202

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** BARRY FLOYD

**CFO**

**03/02/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date