

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90147 048 \*\*\*150.00

**DOCUMENT # 502104**

1. Entity Name

**COMPLETE PENSION ADMINISTRATION, INC.**

Principal Place of Business

Mailing Address

10399 STONEBRIDGE BLVD  
 BOCA RATON FL 33498  
 US

10399 STONERIDGE BLVD  
 BOCA RATON FL 33498  
 US

10068303



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9831 Sun Pointe Drive

3. Mailing Address

9831 Sun Pointe Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boynton Beach, FL

City & State

Boynton Beach, FL

4. FEI Number

59-1708498

Applied For

Not Applicable

Zip

33437

Country

Palm Beach

Zip

33437

Country

Palm Beach

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DANIELSON, JR. HERBERT V.**  
**10399 STONEBRIDGE BLVD.**  
**BOCA RATON FL 33498**

Name

**John Danielson**

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

**9831 Sun Pointe Drive**

City

**Boynton Beach**

**FL**

Zip Code

**33437**

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: **John Danielson**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**3-30-00**

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.

~~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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PD	<b>DANIELSON, JR. HERBERT V</b>	<b>10399 STONEBRIDGE BLVD.</b>	<b>BOCA RATON FL</b>	<input type="checkbox"/>
SOT	<b>DANIELSON, DIANE</b>	<b>10399 STONERIDGE BLVD.</b>	<b>BOCA RATON FL</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
Director	<b>Herbert V. Danielson, Jr.</b>	<b>9831 Sun Pointe Drive</b>	<b>Boynton Beach, FL 33437</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PSTD	<b>Diane Danielson</b>	<b>9831 Sun Pointe Drive</b>	<b>Boynton Beach, Florida 33437</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<b>John Danielson</b>	<b>9831 Sun Pointe Drive</b>	<b>Boynton Beach, FL 33437</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

**Diane Danielson**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-30-00**

Date

**561-369-3201**

Daytime Phone #

CR2E034 (9/99)