

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000005200

1. Entity Name

**COMPLETE COMPLIANCE CORPORATION**

Principal Place of Business

910 PIERREMONT SUITE 312  
SHREVEPORT LA 71106

Mailing Address

910 PIERREMONT SUITE 312  
SHREVEPORT LA 71106

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **76-0351992**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 ☒ Delete  
NAME CROCHET, CHARLES D  
STREET ADDRESS 910 PIERREMONT SUITE 312  
CITY-ST-ZIP SHREVEPORT LA 71106

TITLE S ☐ Delete  
NAME CRANE, CURTIS W  
STREET ADDRESS 910 PIERREMONT SUITE 312  
CITY-ST-ZIP SHREVEPORT LA 71106

TITLE D ☐ Delete  
NAME SCHULER, JACK W  
STREET ADDRESS 28161 N. KEITH DRIVE  
CITY-ST-ZIP LAKE FOREST IL 60045

TITLE D ☐ Delete  
NAME MILLER, MARK C  
STREET ADDRESS 28161 N. KEITH DRIVE  
CITY-ST-ZIP LAKE FOREST IL 60045

TITLE D ☐ Delete  
NAME J.M. TEN BRINK, FRANK  
STREET ADDRESS 28161 N. KEITH DRIVE  
CITY-ST-ZIP LAKE FOREST IL 60045

TITLE D ☐ Delete  
NAME TOMASELLO, ANTHONY J  
STREET ADDRESS 28161 N. KEITH DRIVE  
CITY-ST-ZIP LAKE FOREST IL 60045

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President and Director ☐ Change ☒ Addition  
NAME Otley J. Smith III  
STREET ADDRESS 910 Pierremont Suite 312  
CITY-ST-ZIP Shreveport LA 71106

TITLE ☐ Change ☐ Addition  
NAME 300004336709--4  
STREET ADDRESS -05/31/01--01084--020  
CITY-ST-ZIP \*\*\*\*\*8.75 \*\*\*\*\*8.75

TITLE ☐ Change ☐ Addition  
NAME 300004336709--4  
STREET ADDRESS -05/31/01--01084--021  
CITY-ST-ZIP \*\*\*\*\*8.75 \*\*\*\*\*8.75

TITLE ☐ Change ☐ Addition  
NAME **REINSTATEMENT**  
STREET ADDRESS **00-01**  
CITY-ST-ZIP **18**

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 address, with all other like empowered.

SIGNATURE:

*Curtis W. Crane*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5**

Date

**5/24/01**

Daytime Phone #

**3/8 903/869-0440**

FILED

01 MAY 29 ... 1:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE