

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K50974

1. Entity Name

COMPLETE PROPERTY SERVICES, INC.

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

05-08-2000 90076 017 ***150.00

Principal Place of Business

140 PINE AVENUE
 OLDSMAR FL 34677

Mailing Address

140 PINE AVENUE
 OLDSMAR FL 34695-4696

2. Principal Place of Business

~~1803 Briar Creek Blvd.~~ 1803 Briar Creek Blvd.
 Suite, Apt. #, etc.

3. Mailing Address

1803 Briar Creek Blvd.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Safety Harbor, FL

City & State

Safety Harbor, FL

4. FEI Number

59-2920497

Applied For

Not Applicable

Zip

34695

Country

USA

Zip

34695

Country

USA

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

KRUEGER, ANGELA
 12534 BRONCO DRIVE
 TAMPA FL 33625

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE SD ☐ Delete
 NAME KRUEGER, ANGELA
 STREET ADDRESS 12534 BRONCO DRIVE
 CITY-ST-ZIP TAMPA FL

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

TITLE CEO ☐ Delete
 NAME KRUEGER, RICHARD K.
 STREET ADDRESS 12534 BRONCO DRIVE
 CITY-ST-ZIP TAMPA FL

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

TITLE PD ☐ Delete
 NAME GATTI, HANK
 STREET ADDRESS 6444 SUMMERFIELD LOOP
 CITY-ST-ZIP NEW PORT RICHEY FL

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

TITLE EVP ☐ Delete
 NAME LINDSEY, WILLIAM G
 STREET ADDRESS 10113 WOODSONG WY
 CITY-ST-ZIP TAMPA FL

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

TITLE T ☐ Delete
 NAME DAVICH, GERALD W
 STREET ADDRESS 6712 MARINA POINT VILLAGE CT. #206
 CITY-ST-ZIP TAMPA FL

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

TITLE ☐ Delete
 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:

Angela Krueger
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)