

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L40774

1. Entity Name

ST. PETE COMPLETE, INC.

FILED

Mar 06, 2000 8:00 am  
Secretary of State

03-06-2000 90080 048 \*\*\*150.00

Principal Place of Business

Mailing Address

~~5015 30 AVE N~~  
ST. PETERSBURG FL ~~33710~~  
US

~~5015 N 30 AVE~~  
ST. PETERSBURG FL ~~33710-2709~~  
US

2. Principal Place of Business

4610 46th Ave N

3. Mailing Address

4610 46th Ave N.

Suite, Apt. #, etc.

~~Office 337~~

Suite, Apt. #, etc.

City & State

St Petersburg

City & State

St Petersburg

Zip

33714

Country

US

Zip

33714

Country

US

4. FEI Number

59-2985903

Applied For

Not Applicable

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

MAZE, ROBERT L.

5015 N 30 AVE

ST. PETERSBURG FL 33710

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 DVT  
NAME MAZE, ROBERT L.  
STREET ADDRESS 5015 30TH AVENUE NORTH  
CITY-ST-ZIP ST. PETERSBURG FL ☐ Delete

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

TITLE DSP  
NAME MAZE, KAREN M.  
STREET ADDRESS 5015 30TH AVENUE NORTH  
CITY-ST-ZIP ST. PETERSBURG FL ☐ Delete

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

TITLE VP  
NAME MAZE, BILL  
STREET ADDRESS 5015 30TH AVENUE NORTH  
CITY-ST-ZIP ST. PETERSBURG FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS 4466 46th St  
CITY-ST-ZIP St Pete, FL 33714 ☒ Change ☐ Addition

TITLE AS  
NAME MAZE, RUSSELL  
STREET ADDRESS 6736 54TH AVE N  
CITY-ST-ZIP ST. PETERSBURG FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS 66247 Oxford Rd  
CITY-ST-ZIP Pinellas Park, FL 33782 ☒ Change ☐ Addition

TITLE D  
NAME AVERBECK, LORI  
STREET ADDRESS 15234 GERMAIN ST  
CITY-ST-ZIP MISSION HILLS CA ☐ Delete

TITLE  
NAME  
STREET ADDRESS 15623 Lucille Ct  
CITY-ST-ZIP Canyon Country, CA 91351 ☒ Change ☐ Addition

TITLE D  
NAME MAZE, DAVID  
STREET ADDRESS 16610 SHINEDALE  
CITY-ST-ZIP CANYON COUNTRY CA ☐ Delete

TITLE  
NAME  
STREET ADDRESS 18414 Oak Canyon Rd Apt 461  
CITY-ST-ZIP Canyon Country, CA 91351 ☒ Change ☐ Addition

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: Robert L. Maze VP/Sec SPC 2/26/00 562-593-2724  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #