

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State
 04-16-2002 90044 022 ***150.00

DOCUMENT # L40774

1. Entity Name
ST. PETE COMPLETE, INC.

Principal Place of Business
4610 46TH AVE N
SAINT PETERSBURG FL 33714
US

Mailing Address
4610 46TH AVE N
SAINT PETERSBURG FL 33714
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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, 2002 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 ☐ Delete
 NAME **DVT**
 STREET ADDRESS **MAZE, ROBERT L.**
 CITY-ST-ZIP **5015 30TH AVENUE NORTH**
ST. PETERSBURG FL

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

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

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

TITLE ☐ Delete
 NAME **VP**
 STREET ADDRESS **MAZE, BILL**
 CITY-ST-ZIP **4466 46TH ST**
SAINT PETERSBURG FL 33714

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

TITLE ☐ Delete
 NAME **AS**
 STREET ADDRESS **MAZE, RUSSELL**
 CITY-ST-ZIP **66247 OXFORD RD**
PINELLAS PARK FL 33782

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **AVERBECK, LORI**
 CITY-ST-ZIP **15623 LUCILLE CT**
CANYON COUNTRY CA 91351

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **MAZE, DAVID**
 CITY-ST-ZIP **18414 OAK CANYON RD APT 461**
CANYON COUNTRY CA 91351

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **4200 Rosemead Blvd APT 105**
 CITY-ST-ZIP **Pico Rivera, CA 90660**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)