

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90147 001 ***150.00

DOCUMENT # M00009

1. Entity Name

COMPLETE CONSTRUCTION, INC.

Principal Place of Business

Mailing Address

218 COMMERCIAL BLVD STE 204
LAUDERDALE BY THE SEA FL 33308

218 COMMERCIAL BLVD STE 204
LAUDERDALE BY THE SEA FL 33071-5433

2. Principal Place of Business

3. Mailing Address

1440 Coral Ridge Drive

1440 Coral Ridge Drive

Suite, Apt. #, etc.
#290

Suite, Apt. #, etc.
#290

City & State

Coral Springs FL

City & State

Coral Springs FL

4. FEI Number

59-2403540

Applied For

Not Applicable

Zip

33071

Country

Zip

33071

Country

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

MORTON, J. B.

218 COMMERCIAL BLVD STE 204
LAUDERDALE BY THE SEA FL 33308

Name

James Barrie Morton

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

1440 Coral Ridge Drive #290

City

Coral Springs

FL

Zip Code
33071

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

4.4.00

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete P MORTON, JAMES BARRIE 218 COMMERCIAL BLVD #204 LAUDERDALE BY THE SEA FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1440 Coral Ridge Drive, #290 Coral Springs FL 33071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VP/S Carol J. Taylor-Morton Coral Ridge Drive, #290 Coral Springs FL 33071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

4/4/00

Date

954 764 8440

Daytime Phone #

CR2000 10/00