# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jun 05, 2003 8:00 am**
**Secretary of State**
06-05-2003 90129 019 ***150.00

DOCUMENT # P00000039058

1. Entity Name

Complete Financial Services

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 1000 River Reach Dr | 1000 River Reach Dr |
| Suite, Apt. #, etc. Apt 204 | Suite, Apt. #, etc. Apt 204 |
| City & State FT Lauderdale | City & State FT Lauderdale |
| Zip 33315 Country U.S. | Zip 33315 Country U.S. |

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1002135 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name FRANK Lioy

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

1000 River Reach Dr Apt 204

City FT Lauderdale FL Zip Code 33315

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent's signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | President<br>FRANK Lioy<br>1000 River Reach Dr Apt 204<br>FT Lauderdale FL 33315 |
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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Frank Lioy FRANK Lioy 6/3/03 954-523-5217

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #