

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90091 012 ***150.00

DOCUMENT # P00000099625

1. Entity Name
COMPLETE LIST, INC.

Principal Place of Business
14620 NORTH NEBRASKA AVE STE 101A
TAMPA FL 33613

Mailing Address
14620 NORTH NEBRASKA AVE STE 101A
TAMPA FL 33613



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
11211 N. Nebraska Avenue
 Suite, Apt. #, etc.

3. Mailing Address
11211 N. Nebraska Avenue
 Suite, Apt. #, etc.

Units A-9+10

Units A-9+10

City & State
Tampa, FL

City & State
Tampa, FL

Zip Country
33647 USA

Zip Country
33647 USA

4. FEI Number **59-3685791** 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

PARNELL, THOMAS E
15310 AMBERLY DRIVE STE 175
TAMPA FL 33647

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, 2001 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 **DP** ☐ Delete
 NAME **PARNELL, THOMAS E**
 STREET ADDRESS **14620 NORTH NEBRASKA AVE STE 101A**
 CITY-ST-ZIP **TAMPA FL 33613**

TITLE **DP** ☒ Change ☐ Addition
 NAME **Parnell, Thomas E.**
 STREET ADDRESS **11211 N. Nebraska Avenue, Units A9+10**
 CITY-ST-ZIP **Tampa, FL 33647**

TITLE **VSTD** ☒ Delete
 NAME **RIVETT, DEAN**
 STREET ADDRESS **14620 NORTH NEBRASKA AVE STE 101A**
 CITY-ST-ZIP **TAMPA FL 33613**

TITLE **VSTD** ☐ Change ☐ Addition
 NAME **Medici, Jonathan**
 STREET ADDRESS **11211 N. Nebraska Avenue, Units A9+10**
 CITY-ST-ZIP **Tampa, FL 33647**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/17/01
 Date

813/975-4444
 Daytime Phone #

CR2E034 (10/00)