

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000103236

1. Entity Name

COMPLETE OPENINGS, INC.

FILED

Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90268 009 ***150.00

Principal Place of Business

3225 CYPRESS GLEN WAY #106
NAPLES FL 34109

Mailing Address

3225 CYPRESS GLEN WAY #106
NAPLES FL 34109

140046

2. Principal Place of Business

PMB 259, 2430 Vanderbilt
Suite, Apt. #, etc. Beach Rd #108

3. Mailing Address

PMB 259, 2430 Vanderbilt
Suite, Apt. #, etc. Beach Rd #108



DO NOT WRITE IN THIS SPACE

City & State

Naples, FL
Zip 34109 Country

City & State

Naples, FL
Zip 34109 Country

4. FEI Number

651051673

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OESTERREICHER, THOMAS R
3225 CYPRESS GLEN WAY #106
NAPLES FL 34109

7. Name and Address of New Registered Agent

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

TITLE D ☐ Delete
NAME OESTERREICHER, THOMAS R
STREET ADDRESS 3225 CYPRESS GLEN WAY #106
CITY-ST-ZIP NAPLES FL 34109

TITLE D ☐ Delete
NAME SPRAGUE, DOUGLAS
STREET ADDRESS 6110 20 AVE NW
CITY-ST-ZIP NAPLES FL 34119

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-16-01 (941) 598-1011

0397562

CR2E034 (10/00)