FILED
Apr 10, 2002 8:00 am
Secretary of State
04-10-2002 90670 048 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00001032336

1. Entry Name
Complete Openings Inc

DO NOT WRITE IN THIS SPACE

B0064753

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2. Principal Place of Business	3. Mailing Address
1958 Trade Center Way	Same
Suite, Apt. #, etc. Suite 206	Suite, Apt. #, etc.
City & State Naples FL	City & State
Zip 34109 Country USA	Zip Country

4. FEI Number 65-1051673 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Oesterreicher, Thomas R
Street Address (P.O. Box Number is Not Acceptable): 1958 Trade Center Way
Suite 206
City: Naples FL Zip Code: 34109

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

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

11. OFFICERS AND DIRECTORS

TITLE	D
NAME	Oesterreicher, Thomas R
STREET ADDRESS	3225 Cypress Glen Way Ld
CITY-ST-ZIP	Naples, FL 34109
TITLE	D
NAME	Sprague, Douglas
STREET ADDRESS	6110 20th Ave NW
CITY-ST-ZIP	Naples, FL 34119
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Date _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #