

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000107562

1. Entity Name

COMPLETE HOME, INC.

Principal Place of Business

11431 LUMBERJACK CIRCLE WEST  
JACKSONVILLE FL 32223

Mailing Address

11431 LUMBERJACK CIRCLE WEST  
JACKSONVILLE FL 32223

2. Principal Place of Business

4720 Salisbury Rd

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

26

City & State

Jacksonville FL

City & State

4. FEI Number

59-3758218

Applied For

Not Applicable

Zip

Country

Zip

Country

32256

DOVA

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BEW, WILLIAM G

11431 LUMBERJACK CIRCLE WEST  
JACKSONVILLE FL 32223

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

*William G Bew*

*William G Bew*

1/20/02

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, 2002 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 **President / Treasurer** ☐ Delete  
NAME **William G BEW**  
STREET ADDRESS **11431 Lumberjack Circle West**  
CITY-ST-ZIP **Jacksonville FL 32223**

TITLE **Vice President / Secretary** ☐ Delete  
NAME **John Wilburth**  
STREET ADDRESS **3933 N Horon Ave**  
CITY-ST-ZIP **Jacksonville Beach, FL 32250**

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  
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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:

*William G Bew*

*William G Bew*

1/20/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

APPROVED  
AND  
FILED

02 JAN 31 AM 9:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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CR2E034 (9/01)