2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000115349

Address:

City-St-Zip:

Entity Name: COMPLETE INNOVATIONS, INC.

FILED Apr 02, 2002 8:00 AM Secretary of State

Current Principal Place of Business:		New Princ	New Principal Place of Business:		
360 NW 67TH STREE # 102 BOCA RATON, FL 33					
Current Mailing Address:		New Mailing Address:			
360 NW 67TH STREE # 102 BOCA RATON, FL 33					
FEI Number: 65-1159043	FEI Number Applied For()	FEI Number Not Appl	licable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and	Name and Address of New Registered Agent:		
O'SULLIVAN, ROBER 360 NW 67TH STREE #102 BOCA RATON, FL 33	T				
The above named enti in the State of Florida.	ty submits this statement for the p	ourpose of changing i	ts registered	d office or registered agent, or both,	
SIGNATURE:					
Elect	ronic Signature of Registered Ag	ent		Date	
	e to satisfy its Intangible Tax filing rec cing Trust Fund Contribution ().	quirement and elects to d	do so (X).		
OFFICERS AND DIRECTORS:		ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	V RICHARD, H 360 NW 671 BOCA RATO		
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	360 NW 671	()Change(X)Addition YBERRY A MR. TH ST #102 DN, FL 33487	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	360 NW 671	() Change (X) Addition 'SULLIVAN E MR. TH ST #102 DN, FL 33487	
Title: Name:	() Delete	Title: Name:	V DON. BRAN	()Change(X)Addition NER MR.	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

360 NW 67TH ST #102

BOCA RATON, FL 33487

SIGNATURE: WAYNE DAYBERRY V 04/02/2002