2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

May 02, 2003 8:00 am Secretary of State P01000115349 DOCUMENT # 05-02-2003 90725 039 ***150.00 1. Entity Name COMPLETE INNOVATIONS, INC. Principal Place of Business Mailing Address 360 NW 67TH STREET 360 NW 67TH STREET # 102 # 102 **BOCA RATON FL 33487 BOCA RATON FL 33487** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-1159043 Not Applicable Zip Country 7in Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name -O'SULLIVAN, ROBERT E----Street Address (P.O. Box Number is Not Acceptable) 360 NW 67TH STREET #102 **BOCA RATON FL 33487** City Zip Code 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. I am familiar with, and accept the philigations of SIGNATURE and title if applicable Signature, typed or printed name of registered as (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE. ☐ Delete TITLE ☐ Addition Change RICHARD, HUBER MR. NAMÈ NAME 360 NW 67TH ST #102 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33487** CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME WAYNE, DAYBERRY A MR. NAME STREET ADDRESS 360 NW 67TH ST #102 STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33487** CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME ROBERT, O'SULLIVAN E MR. NAME STREET ADDRESS STREET ADDRESS 360 NW 67TH ST #102 CITY-ST-ZIP-**BOCA RATON FL 33487** CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition DON, BRANNER MR. NAME NAME STREET ADDRESS 360 NW 67TH ST #102 STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33487** CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

NTED NAME OF SIGNING OFFICER OR DIRECTOR