

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90303 009 ***158.75

DOCUMENT # P93000043440

1. Entity Name

COMPLETE ACQUISITION CORP.

Principal Place of Business

**1601 CLINT MOORE ROAD
 BOCA RATON FL 33487
 US**

Mailing Address

**1601 CLINT MOORE ROAD
 BOCA RATON FL 33487
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0419694

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

FEDERSPIEL, ROBERT

151 NW FIRST AVENUE

DELRAY BEACH FL 33444

**R. MICHAEL BREWER
 1601 CLINT MOORE RD
 BOCA RATON, FL 33487**

7. Name and Address of New Registered Agent

R. MICHAEL BREWER

1601 CLINT MOORE RD

BOCA RATON

FL

33487

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 **R. MICHAEL BREWER VP**

Signature, typed or printed name of registered agent and title if applicable.

R. Michael Brewer

(NOTE: Registered Agent signature required when reinstating)

5-1-02

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	DP	<input checked="" type="checkbox"/> Delete
NAME	WILL, EDUARD	
STREET ADDRESS	1601 CLINT MOORE ROAD	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	V	<input type="checkbox"/> Delete
NAME	BREWER, R. MICHAEL	
STREET ADDRESS	1601 CLINT MOORE ROAD	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREWER, R. MICHAEL	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RIGHT, L. LARRY	
STREET ADDRESS	1601 CLINT MOORE RD	
CITY-ST-ZIP	BOCA RATON, FL	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIKE ZOI	
STREET ADDRESS	550 W. CYPRESS CREEK RD.	
CITY-ST-ZIP	SUITE 120 FT. LAUDERDALE, FL 33309	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

R. MICHAEL BREWER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R. MICHAEL BREWER

Date

Daytime Phone #

561-997-6227

CR2E034 (9/01)