

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000067701

1. Entity Name

COMPLETE COMPUTER SERVICES, INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90104 015 ***158.75

Principal Place of Business Mailing Address
STUART AVENUE 6940 STUART AVENUE
JACKSONVILLE FL 32254 JACKSONVILLE FL 32254-3426

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3332161
Applied For Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KLARFELD, JOHN
6940 STUART AVENUE
JACKSONVILLE FL 32254

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

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, 2000 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 | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|----------------------------|----------------------|---------------------------------|---|---------------------------------|-----------------------------------|
| TITLE | DP | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | JONES, LEE B | | NAME | | |
| STREET ADDRESS | 6940 STUART AVENUE | | STREET ADDRESS | | |
| CITY-ST-ZIP | JACKSONVILLE FL | | CITY-ST-ZIP | | |
| TITLE | DV | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | JONES, STEVEN C | | NAME | | |
| STREET ADDRESS | 6940 STUART AVENUE | | STREET ADDRESS | | |
| CITY-ST-ZIP | JACKSONVILLE FL | | CITY-ST-ZIP | | |
| TITLE | DTS | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | KLARFELD, JOHN | | NAME | | |
| STREET ADDRESS | 6940 STUART AVENUE | | STREET ADDRESS | | |
| CITY-ST-ZIP | JACKSONVILLE FL | | CITY-ST-ZIP | | |
| TITLE | V | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | PHILLIPS, WENDELL B. | | NAME | | |
| STREET ADDRESS | 6940 STUART AVENUE | | STREET ADDRESS | | |
| CITY-ST-ZIP | JACKSONVILLE FL | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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: JOHN KLARFELD 4-4-00 904-783-8400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)