

# 2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # 097500071254

1. Entity Name

Complete Internet Solutions, Inc.

Principal Place of Business

110 Colonial Dr.  
Longwood, FL 32750

Mailing Address

P.O. Box 916318  
Longwood, FL 32791

FILED

00 MAY 19 AM 11:23

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

59-3463809

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BOB VARMA  
610 CROWN OAK CENTRE DRIVE  
LONGWOOD, FL 32750

7. Name and Address of New Registered Agent

Name Robin Young  
Street Address (P.O. Box Number is Not Acceptable)  
2739 Snow Goose Ln.  
City Lake Mary FL 32746

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

Bob Varma Robin Young

4/27/00

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, 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

TITLE	<u>President</u>	<input type="checkbox"/> Delete
NAME	<u>Colleen A. Randall</u>	
STREET ADDRESS	<u>110 Colonial La.</u>	
CITY-ST-ZIP	<u>Longwood, FL 32750</u>	
TITLE	<u>CEO</u>	<input type="checkbox"/> Delete
NAME	<u>Jon M. Vander Zee</u>	
STREET ADDRESS	<u>827 Ash La.</u>	
CITY-ST-ZIP	<u>Altamonte Springs, FL 32714</u>	
TITLE	<u>C.O.O.</u>	<input type="checkbox"/> Delete
NAME	<u>Robin D. Young</u>	
STREET ADDRESS	<u>2739 Snow Goose La.</u>	
CITY-ST-ZIP	<u>Lake Mary, FL 32746</u>	
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	<u>600003292976-6</u>	
STREET ADDRESS	<u>-06/15/00--01156--015</u>	
CITY-ST-ZIP	<u>*****300.00 *****300.00</u>	
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		
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:

Robin D. Young Robin D. Young

4/25/00

407.444.8455

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

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Complete Internet Solutions, Inc.  
P.O. Box 916318  
Longwood, Florida 32791-6318

April 10, 2000

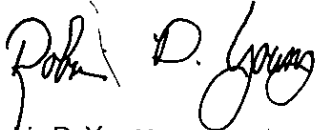
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

Per instructions from one of your staff, I am enclosing a check for corporate filing fees for the annual reports for the fiscal years of 1998 and 1999. While we sent our report in 1999 for the fiscal year 1998, the report was never filed, and our check was never returned. I can only assume that the filing was lost in the mail.

Your staff was gracious enough to grant a waiver for the re-instatement fees since a mix-up happened that was beyond our control.

I greatly appreciate your assistance.

Sincerely,

A handwritten signature in black ink, appearing to read "Robin D. Young". The signature is fluid and cursive, with the first name "Robin" and last name "Young" clearly distinguishable.

Robin D. Young  
Chief Operations Officer