2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000021341

COMPLETE COMMUNICATIONS MARKETING & SOLUTION, IN

Principal Place of Business

Mailing Address

29250 U.S. HWY 19 NORTH

29250 U.S. HWY 19 NORTH

CLEARWATER FL 33671

CLEARWATER FL 33761-2116

2.	Principal Place of Business	3.
	Suite, Apt. #, etc.	

Mailing Address

Suite, Apt. #, etc.	

May 16, 2000 8:00 am Secretary of State

05-16-2000 90795 041 ***150.00

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DO NOT WRITE IN THIS SPACE

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City & State		City & State		4. FEI Number	59-3499247		pplied For
		7:	Country			<u> </u>	ot Applicable
Zip	Country	Zip	Country	5. Certificate of S	tatus Desired	\$8.75 Ad Fee Require	
	6. Name and Address of Current F	legistered Agent		7. Name and Add	dress of New Register	ed Agent	
·	man and the second seco		Name			•	
SPIE	egel& Ultrea. Pa		Street Addres	ss (P.O. Box Number is	Not Acceptable)		
	ALMERIA AVE	•			· · · · · · · · · · · · · · · · · · ·		
COF	RAL GABLES FL 33134	·					
			City		F	Zip Coc	ie
		the commence of above incident	remintered office or regis	stand agent or both in			~
. The above	e named entity submits this statement for	the purpose of changing its	registered office of regis	stered agent, or both, it	Title State of Florida.		
SIGNATURE	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOT	E. Registered Agent signature req	uired when reinstating)	DAT	ΓΕ	
C'L_	oration is eligible to satisfy its Intangible	FILE NOW	!!! FEE IS \$150.00				
Tax filing	requirement and elects to do so.	After MAY 1, 20	00 Fee will be \$550.0	O Trust F	n Campaign Financing und Contribution.)0 May Be d to Fees
(See crite	eria on back)	Make Check Payab	ile to Department of S	State			
1.	OFFICERS AND D	DIRECTORS	12.	ADDITIONS/CH	ANGES TO OFFICERS A		
TLE	D	☐ Delete	TITLE			☐ Change	Additio
IAME :	LAVALLEE, LISE T	. 000	NAME STREET ADDRESS				
TREET ADDRESS	29250 U.S. HWY 19 NORTH, LOT CLEARWATER FL 33671	232	City-St-ZIP				
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itle Iame	AMSEL, DAVID L	□ Delete	NAME				_
			OTOFFT ADODFES				
STREET ADDRESS	29250 U.S. HWY 19 NORTH, LOT	232	STREET ADDRESS				
STREET ADDRESS CITY-ST-ZIP	29250 U.S. HWY 19 NORTH, LOT CLEARWATER FL 33671	232	CITY-ST-ZIP				
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indicated on this report or supplemental report is of the corporation or the receiver or trustee empo changed, or on an attachment with an address le and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director fred to effective this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE: