

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 27, 2001 8:00 am**  
**Secretary of State**

06-27-2001 90005 022 \*\*\*150.00

DOCUMENT # **P980000041682**

1. Entity Name

**Complete Onsite Property Services Inc.**

Principal Place of Business

Mailing Address

**6567 West Berrigan Ct.  
Homasassa Springs, FL  
34446**

**6567 West Berrigan Ct.  
Homasassa Springs, FL  
34446**

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

**59-3509837**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

DO NOT WRITE IN THIS SPACE

**A0075029**

6. Name and Address of Current Registered Agent

**John M. Costello  
4011 North A Street  
Tampa, FL 33609**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**6567 West Berrigan Court**

City

**Homasassa Springs**

**FL**

Zip Code

**34446**

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

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, 2001 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 ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
John M. Costello  
4011 North A Street  
Tampa, FL 33609**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**6567 West Berrigan Court  
Homasassa Springs, FL 34446**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DT  
Holly R. Costello  
4011 North A Street  
Tampa, FL 33609**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**6567 West Berrigan Court  
Homasassa Springs, FL 34446**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**President, 6/19/01 352-621-5378**

Date

Daytime Phone #

CR2E034 (11/00)

Attachment  
DH# P98000041682  
A0875029

5-9-01-

Fla Ser. of State

From: John Costello-

Complete onsite Property

RE- Corporation check for filing - returned

Tell my check was returned on  
4/26/01 by the property appraiser office  
with a note saying mailed in error.  
I mailed the check on 4/17/01. Please  
apply to my account.

I talked with Robert M. in  
your office and he said everything  
would be fine just put his name  
on the note.

Thanks  
John Costello

# P98000041682



Attachment  
A007529

FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

June 11, 2001

COMPLETE ONSITE PROPERTY SERVICES, INC.  
4011 NORTH A STREET  
TAMPA, FL 33609

SUBJECT: COMPLETE ONSITE PROPERTY SERVICES, INC.  
Ref. Number: P98000041682

We have received your check(s) totaling \$150.00; however it cannot be processed and is being returned for the following:

There was not a completed annual report/uniform business report form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

Due to the volume of mail received in this office **both the annual report/uniform business report and the filing fee must be received by our office together in order to be processed.**

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6059.

Kathy Ashton  
Document Specialist

Letter Number: 201A00035821