

1999

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000081278

1. Entity Name
COMPLETE PROSPECTING & LEAD CONCEPTS INC.

Principal Place of Business
**825 N.W. 28th STREET
WILTON MANRS, FL. 33311**

Mailing Address
**P.O. BOX 9666
FT. LAUDERDALE, FL.
33310**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 MAY 18 AM 9:52

2. Principal Place of Business
825 N.W. 28th STREET
Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 9666
Suite, Apt. #, etc.

City & State
WILTON MANRS, FLORIDA

City & State
FT. LAUDERDALE, FL.

Zip
33311

Country
BARBADO

Zip
33310

Country
BARBADO

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0866619

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

6. Name and Address of Current Registered Agent
**JAMES G. BRAXTON
825 N.W. 28th STREET
WILTON MANRS, FLORIDA. 33311**

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

DATE **4/28**

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 PRESIDENT	<input type="checkbox"/> Delete	TITLE 200003286482--7	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JAMES G. BRAXTON		NAME	
STREET ADDRESS 825 N.W. 28th STREET		STREET ADDRESS	
CITY-ST-ZIP WILTON MANRS, FL. 33311		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	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **JAMES G. BRAXTON** DATE: **4/28** DAYTIME PHONE #: **954-309-7620**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)