

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000081278

1. Entity Name:  
**COMPLETE PROSPECTING & LEAD CONCEPTS, INC.**

**FILED**  
**Apr 17, 2001 8:00 am**  
**Secretary of State**

04-17-2001 90044 030 \*\*\*150.00

Principal Place of Business

825 N.W. 28TH STREET  
WILTON MANOR FL 33311

Mailing Address

P.O. BOX 9666  
FT LAUDERDALE FL 33310

2. Principal Place of Business

230 N.W. 40th ST

Suite, Apt. #, etc.

Apt # 3

City & State

Oakland Park, FL

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

City & State

4. FEI Number 65-0866619

Applied For

Not Applicable

Zip 33334

Country

Broward

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRAXTON, JAMES G  
825 N.W. 28TH STREET  
WILTON MANOR FL 33311

Name

JAMES G. BRAXTON

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

230 N.W. 40th STREET

City

Oakland Park

FL

Zip Code

33334

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/11/01

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
BRAXTON, JAMES G  
825 N.W. 28TH STREET  
WILTON MANOR FL 33311 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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

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

JAMES G. BRAXTON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/01

Date

954-566-5110

Daytime Phone #

CR2E034 (10/00)