

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 28, 2003 8:00 am
Secretary of State

01-28-2003 90078 024 ***150.00

DOCUMENT # P98000106669



1. Entity Name
COMPLETE FILM & VIDEO SERVICES, INC.

Principal Place of Business
**3700 NW 91ST ST
400-E
GAINESVILLE FL 32606**

Mailing Address
**3700 NW 91ST ST
400-E
GAINESVILLE FL 32606**

90011927



2. Principal Place of Business

3. Mailing Address

3700 NW 91st ST

3700 NW 91st ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

300-E

300-E

City & State

City & State

Gainesville FL

Gainesville FL

Zip

Country

32606

USA

Zip

Country

32606

USA

4. FEI Number

59-3549715

Applied For

Not Applicable

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

**ATKINS, CAROL
3700 NW 91ST ST
SUITE 400-E
GAINESVILLE FL 32606**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Carol Atkins*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-21-03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PSTD**
STREET ADDRESS **SMITH-ATKINS, CAROL**
CITY-ST-ZIP **3019 NORTHEAST 20TH WAY
GAINESVILLE FL 32609**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Carol Atkins*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-03 352-372-8681

Date

Daytime Phone #

CR2E034 (10/02)