2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # \$94885** Mar 27, 2000 8:00 am Secretary of State 1. Entity Name COMPLETE PROPERTY MANAGEMENT SERVICES, INC. 03-27-2000 90094 001 ***150.00 Principal Place of Business Mailing Address 1754 41ST TERRACE S.W. 1754 41ST TERRACE S.W. NAPLES FL 33999 NAPLES FL 34116-5922 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, # etc DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0305501 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BEVERLY RONDEAU Street Address (P.O. Box Number is Not Acceptable) RONDEAU, BEVERLY 1754 41ST TERRACE S.W. 9439 GULF SHORE DRIVE NAPLES FL 33999 Zip Code 34108 NAPLES. 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. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. DPST TITLE ☐ Change Addition TITLE ☐ Delete WELLS, ROBERT M NAME NAME STREET ADDRESS STREET ADDRESS PO BOX 770005 CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34108 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Delete TIT) F Change HITLE NAME STREET ADDRESS Annerge CITY-ST-ZIP ST-ZII ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS · ADDRECT CITY-ST-ZIP ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP ST-ZIP ☐ Defete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP 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 adoptemental 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 feceiver 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 attachme

Daytime Phone