

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2002 8:00 am**  
**Secretary of State**

04-18-2002 90399 019 \*\*\*150.00

**DOCUMENT # V09934**

**1. Entity Name**  
**COMPLETE PAINTING, INC.**

**Principal Place of Business**

4700 HIATUS RD  
 SUITE 155  
 SUNRISE FL 33351  
 US

**Mailing Address**

4700 HIATUS RD  
 SUITE 155  
 SUNRISE FL 33351  
 US

**2. Principal Place of Business**

16610 Royal Poinciana Court  
 Suite, Apt. #, etc.  
 Weston FL

**3. Mailing Address**

C/O Chris Myers  
 16610 Royal Poinciana Court  
 Suite, Apt. #, etc.  
 Weston FL

**City & State**

33326

**City & State**

Weston

**Zip**

33326

**Country**

USA

**Zip**

33326

**Country**

USA

**4. FEI Number**

65-0305992

**Applied For**

Not Applicable

**5. Certificate of Status Desired**

☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

MYERS, CHRIS

4700 HIATUS RD

SUITE 155

SUNRISE FL 33351

**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**

Deatra Myers Deatra Myers

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, 2002 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**

**TITLE** PD ☐ Delete  
**NAME** MYERS, CHRIS  
**STREET ADDRESS** 4700 HIATUS RD., SUITE 155  
**CITY-ST-ZIP** SUNRISE FL

**TITLE** VP ☐ Delete  
**NAME** MYERS, DEATRA  
**STREET ADDRESS** 4700 HIATUS ROAD, SUITE #155  
**CITY-ST-ZIP** SUNRISE FL 33351

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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

**TITLE** ☐ Change ☐ Addition  
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**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:**

Deatra Myers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/02

Date

954-232-9788

Daytime Phone #

CR2E034 (9/01)