

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90129 038 \*\*\*158.75

**DOCUMENT # F95000004200**

1. Entity Name

**CEO, INC.**

Principal Place of Business

Mailing Address

**410 WARE BLVD., #720  
 TAMPA FL 33619-4439  
 US**

**410 WARE BLVD., #720  
 TAMPA FL 33619-4456  
 US**

2. Principal Place of Business

**903 OAK REGENCY LN.**

3. Mailing Address

**903 OAK REGENCY LN.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**BRANDON, FL**

City & State

**BRANDON, FL**

4. FEI Number

**59-3306004**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
 Fee Required**

Zip **33511-6025** Country **Hillsborough**

Zip **33511-6025** Country **Hillsborough**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SABA, RICHARD D ATTY  
 2033 MAIN ST., #303  
 SARASOTA FL 34237**

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

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, 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  Delete  
 NAME **PDC**  
 STREET ADDRESS **THOMAS, PRESTON M**  
 CITY-ST-ZIP **410 WARE BLVD., #720**  
**TAMPA FL 33619-4439**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS **903 OAK REGENCY LN.**  
 CITY-ST-ZIP **BRANDON, FL 33511-6025**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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 STREET ADDRESS  
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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: *Preston M. Thomas, Chairman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-2000 813-661-1133

Date

Daytime Phone #

CR2F034 (9/00)