

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N99000002317**

1. Entity Name

FLORIDA CTC, INC.

Principal Place of Business

**7990 114TH AVENUE
SUITE 2
LARGO FL 33773-5026**

Mailing Address

**100 CTC DRIVE
JOHNSTOWN PA 15904-1935**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3653027

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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

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

4

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D/P	<input type="checkbox"/> Delete
NAME	MANTY, BRIAN A	
STREET ADDRESS	7990 114TH AVENUE, SUITE 2	
CITY-ST-ZIP	LARGO FL 33773-5026	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D/P	<input type="checkbox"/> Delete
NAME	BROWN, DONN W	
STREET ADDRESS	7990 114TH AVE STE.,#2	
CITY-ST-ZIP	LARGO FL 33773-5026	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D/T	<input type="checkbox"/> Delete
NAME	SHEEHAN, EDWARD J JR.	
STREET ADDRESS	100 CTC DRIVE	
CITY-ST-ZIP	JOHNSTOWN PA 15904-1935	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

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CITY-ST-ZIP		

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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 617, 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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDWARD J. SHEEHAN, JR. 4-12-02 (814) 266-2874

Date

Daytime Phone #

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90124 037 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)