

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 19, 2001 8:00 am**  
**Secretary of State**

0024875

DOCUMENT # P00000079398

03-19-2001 90494 029 \*\*\*150.00

1. Entity Name  
**CCDT GROUP, INC.**

00026885

Principal Place of Business <b>1201 HAYS STREET TALLAHASSEE FL 32301</b>	Mailing Address <b>1201 HAYS STREET TALLAHASSEE FL 32301</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>17939 Lake Estates Dr.</b>	3. Mailing Address <b>c/o Stuart J. Haft</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>P.O. Box 431</b>
City & State <b>Boca Raton, FL</b>	City & State <b>Palm Beach, FL</b>

4. FEI Number <b>65-1075885</b>	Applied For Not Applicable
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Zip <b>33496</b>	Country	Zip <b>33480</b>	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

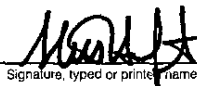
Name  
**Stuart J. Haft, Esq.**

Street Address (P.O. Box Number is Not Acceptable)  
**c/o Alley, Maass, Rogers & Lindsay, P.A.**

**321 Royal Poinciana Plaza, South**

City  
**Palm Beach**      **FL**      Zip Code  
**33480**

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  DATE **2/26/01**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PIZZUTO, PATRICIA</b> <b>1201 HAYS STREET</b> <b>TALLAHASSEE FL 32301</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Sobel, Samuel</b> <b>17939 Lake Estates Dr.</b> <b>Boca Raton, FL 33496</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE **2.29.2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)