

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P98000027309**

1. Entity Name

Communicative Competence Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3207 Woodruff Drive
Suite, Apt. #, etc.

3. Mailing Address

3207 Woodruff Drive
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Orlando FL

City & State

Orlando FL

4. FEI Number

59-3502388

Applied For

Not Applicable

Zip

32837

Country

USA

Zip

32837

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

YVONNE CROOKS

Street Address (P.O. Box Number is Not Acceptable)

3207 Woodruff Drive

City

Orlando

FL

Zip Code

32837

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 revoking)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	CROOKS, YVONNE S. 3207 Woodruff Drive Orlando, FL 32837	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-02

Date

407-816-9277

Daytime Phone #

CR2E034B (12/01)