

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # V49919**

1. Entity Name

**C.P.E., INC.**

**FILED**

**00 JAN 12 PM 4:59**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>28 EAST WASHINGTON ST. ORLANDO FL 32801 US</b>	Mailing Address <b>P O BOX 3388 ORLANDO FL 32802-3388 US</b>
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>59-3181121</b>	Applied For Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**CALLAHAN, W. SCOTT  
28 EAST WASHINGTON STREET  
ORLANDO FL 32801**

**7. Name and Address of New Registered Agent**

Name  
**CALLAHAN, W. SCOTT**

Street Address (P.O. Box Number is Not Acceptable)  
**37 NORTH ORANGE AVENUE, SUITE 200**

City **ORLANDO** FL Zip Code **32801**

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 \_\_\_\_\_ (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.

**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**

TITLE <b>VP</b>	<input type="checkbox"/> Delete
NAME <b>CLARK, FRED D</b>	
STREET ADDRESS <b>2250 AVENIDA DEL VERA</b>	
CITY-ST-ZIP <b>NORTH FT MYERS FL 33917</b>	
TITLE <b>P</b>	<input type="checkbox"/> Delete
NAME <b>ROSEN, MICHAEL E</b>	
STREET ADDRESS <b>550 MAMARONECK AVE</b>	
CITY-ST-ZIP <b>HARRISON NY 10528</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS <b>600003114486--2</b>	
CITY-ST-ZIP <b>-01/28/00--01055--006</b>	
<b>****150.00 ****150.00</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:** \_\_\_\_\_ (NOTE: REGISTERED AGENT SIGNATURE REQUIRED) \_\_\_\_\_

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