DOCUMENT # 401238  1. Entity-Name  CCE, INC.					FILED			
Principal Place of Business Mailing Address  13 MILE COURSE PO BOX 2908 WILLIAMSBURG VA 23185 WILLIAMSBURG VA 23187					O2 OCT -3 AMII: 02  SECRETARY OF STATE TALL AHASSEE, FLORIDA			
2. Principal Place of Business    21 Jerdone Road   21 Jerdone Suite, Apt. #, etc.   Suite, Apt. #, etc.			ne Road		DO NOT WRITE IN THIS SPACE			
City & State WILLIAMSBURG, VA WILLIAMSBURG							ot Applicable	
2 <u>318</u>	Country  S  O  A  Country  S  O  Country  S  Country  S  Current R	23185	USA		Certificate of Status Desired  Name and Address of New Regist	Fee Require		
Name					Name and Address of New Negls	lelea Agent		
CORPDIRECT AGENTS,INC.  103 N. MERIDIAN STREET				eet Address (P.O. Box Number is Not Acceptable)				
TALLAHASSEE FL 32301						FL Zip Coo	de	
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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, types or printed name of registered agent and talle if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  9. This corporation is eligible to satisfy its Intangible  FILE NOW!!! FEE IS \$550.00								
9. This corporation is eligible to satisfy its Intangible  Tax filing requirement and elects to do so.  (See criteria on back)  Tax filing requirement and elects to do so.  (See Criteria on back)  Tax filing requirement and elects to do so.  (Make Check Payable to				e \$750.00	10. Election Campaign Financir Trust Fund Contribution.		00 May Be d to Fees	
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CASON, CLAUDE T, JR 13 MILE COURSE WILLIAMSBURG VA 23185	IRECTORS Detete	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Presid Casor 121 J	DDITIONS/CHANGES TO OFFICER Jent , Claude T, Jr erdone Road 2ms 6019 V Pr 231	Change	S IN 11  Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VIRE, DIANA 120 CHARTER HOUSE LANE		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Paulette Archambault 121 Jevdone Road Williamsburg VA 23185				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AODRESS CITY-ST-ZIP		70000834 -10/11/02 ****150.1	1 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Addition 031 00.00	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
indicated of the corp	ertify that the information supplied with the on this report or supplemental report is to poration or the receiver or trustee empower or on an attachment with an address, with an address, with an address.	rue and accurate and that my strength to execute this report as a	cionature chall he	wa tha cama	lenal affect as if made under eath, t	hat I am an officer	or dispostor	

CICALOTURE RECOLOTURE T COSON DY 10-2-02
SHATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date SIGNATURE:

October 2, 2002

CCE, INC. 121 Jerdone Road Williamsburg, VA 23185

Katherine Harris
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Katherine Harris,

SUBJECT: 2002 UNIFORM BUSINESS REPORT FILING

We have just received the 2002 Uniform Business Report Filing for our company, CCE, Inc. Due to an officer resignation and a change of physical and mailing address, the arrival of the forms reached us just this week. We noticed that there is a stiff penalty for late filing; therefore, making it necessary for us to request that it be waived in this instance. We have made the necessary corrections on the form and have listed a replacement for the secretary listed. The physical location of the business as well as the mailing address is the same. We apologize for any convenience caused by this. We have enclosed our check number 1479 for \$150.00 that covers the original fee.

Sincerely,

Claude T. Cason, Jr.

President CCE, INC