

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 476382

1. Entity Name
C T P, INC.

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90065 001 ***150.00

Principal Place of Business

245 EAST ADAMS
JACKSONVILLE FL 32202
US

Mailing Address

245 EAST ADAMS
JACKSONVILLE FL 32202
US

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 59-1612726

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ORTEGA, DEBORAH
245 E ADAMS ST
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

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 _____ DATE _____
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 P
NAME ORTEGA, DEBORAH
STREET ADDRESS 245 E ADAMS ST
CITY-ST-ZIP JACKSONVILLE, FL 00000 ☐ Delete

TITLE V
NAME LONG, JAMES
STREET ADDRESS 245 E ADAMS ST
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

TITLE S
NAME BALDWIN, KEVIN
STREET ADDRESS 245 E ADAMS ST
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition
NAME BALDWIN, KEVIN
STREET ADDRESS 245 E ADAMS ST
CITY-ST-ZIP JACKSONVILLE FL

TITLE V ☐ Change ☐ Addition
NAME LONG, JAMES
STREET ADDRESS 245 E ADAMS ST
CITY-ST-ZIP JACKSONVILLE FL

TITLE S ☒ Change ☐ Addition
NAME DAVIDSON, LISA
STREET ADDRESS 245 E ADAMS ST
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-01

Date

Daytime Phone #

CR2E034 (10/00)