# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Apr 11, 2002 8:00 am**
**Secretary of State**
03-15-2002 90016 036 ***150.00

DOCUMENT # 476382

1. Entity Name
C T P, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 245 EAST ADAMS<br>JACKSONVILLE FL 32202<br>US | 245 EAST ADAMS<br>JACKSONVILLE FL 32202<br>US |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 219 N. Newnan St | Same |
| Suite, Apt. #, etc.<br>219 N. Newnan St STE 303 | Suite, Apt. #, etc. |
| City & State<br>Jacksonville FL | City & State |
| Zip 32202 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 | 7. Name and Address of New Registered Agent |
|---|---|
| ORTEGA, DEBORAH<br>245 E ADAMS ST<br>JACKSONVILLE FL 32202 | Name KEVIN BALDWIN<br>Street Address (P.O. Box Number is Not Acceptable)<br>219 NEWNAN ST<br>SUITE 200<br>City JACKSONVILLE FL Zip Code 32202 |

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] 4-1-02
(Typed name of registered agent and title if applicable. (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. (See criteria on back) ☐

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2002 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 | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>BALDWIN, KEVIN<br>245 E ADAMS ST<br>JACKSONVILLE FL | ☐ Delete | P<br>Baldwin, Kevin<br>219 N. Newnan St. Suite 303<br>Jax FL 32202 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>LONG, JAMES<br>245 E ADAMS ST<br>JACKSONVILLE FL | ☐ Delete | V<br>Long, James<br>219 N. Newnan St. Suite 303<br>Jax FL 32202 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>BALDWIN, KEVIN<br>245 E ADAMS ST<br>JACKSONVILLE FL | ☐ Delete | S<br>Davidson, Lisa<br>219 N. Newnan St. Suite 303<br>Jax FL 32202 | ☑ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |

CR2E034 (9/01)

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] 3-5-02 356-6733
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #