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 JACKSONVILLE FL 32202 US	245 EAST ADAMS JACKSONVILLE FL 32202 US

2. Principal Place of Business	3. Mailing Address
219 N. Newnan St	Same
Suite, Apt. #, etc. 219 N. Newnan St STE 303	Suite, Apt. #, etc.
City & State Jacksonville FL	City & State
Zip 32202 / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

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 KEVIN BALDWIN
Street Address (P.O. Box Number is Not Acceptable) 219 NEWNAN ST
SUITE 200
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] Name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 4-1-02

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	P ☐ Delete	P ☑ Change ☐ Addition	
NAME	BALDWIN, KEVIN	Baldwin, Kevin	
STREET ADDRESS	245 E ADAMS ST	219 N. Newnan St. Suite 303	
CITY-ST-ZIP	JACKSONVILLE FL	Jax FL 32202	
TITLE	V ☐ Delete	V ☑ Change ☐ Addition	
NAME	LONG, JAMES	Long James	
STREET ADDRESS	245 E ADAMS ST	219 N. Newnan St. Suite 303	
CITY-ST-ZIP	JACKSONVILLE FL	Jax FL 32202	
TITLE	S ☐ Delete	S ☐ Change ☑ Addition	
NAME	BALDWIN, KEVIN	Davidson, Lisa	
STREET ADDRESS	245 E ADAMS ST	219 N. Newnan St. Suite 303	
CITY-ST-ZIP	JACKSONVILLE FL	Jax FL 32202	
TITLE	☐ Delete	☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	☐ Delete	☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	☐ Delete	☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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 #