

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 569461

1. Entity Name

C.T. ASSOCIATES, INC.

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90093 029 ***150.00

Principal Place of Business

4000 ISLAND BOULEVARD
SUITE #2306-07
AVENTURA FL 33160

Mailing Address

4000 ISLAND BOULEVARD
SUITE #2306-07
AVENTURA FL 33160-5203

C.T. ASSOCIATES INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

C.T. ASSOCIATES INC

3. Mailing Address

96 G. DAVID JONES

Suite, Apt. #, etc.

96 G. DAVID JONES

Suite, Apt. #, etc.

10270 W. HWY 326

City & State

10270 W HWY 326

City & State

OCALA FL

4. FEI Number

59-1818205

Applied For

Not Applicable

Zip

Country

OCALA, FL 34482

Zip

Country

34482 USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JONES, G. DAVID
4000 ISLAND BOULEVARD
SUITE #2306-07
AVENTURA FL 33160

new address

7. Name and Address of New Registered Agent

Name

G. DAVID JONES

Street Address (P.O. Box Number is Not Acceptable)

10270 W HWY 326

City

OCALA

FL

Zip Code

34482

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, typed or printed 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, 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 ☐ Delete
NAME *DP*
STREET ADDRESS *JONES, G. DAVID*
CITY-ST-ZIP *4000 ISLAND BLVD., #2306-07*
AVENTURA FL 33160

new address

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME *G. DAVID JONES*
STREET ADDRESS *10270 W HWY 326*
CITY-ST-ZIP *OCALA FL 34482*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
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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

Date

Daytime Phone #

1-5-2000

352-402-9733

CR2F034 (9/99)