

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2000 8:00 am**  
**Secretary of State**

05-07-2000 90007 009 \*\*\*150.00

**DOCUMENT # 621845**

1. Entity Name

CCD, INC.

Principal Place of Business

Mailing Address

CLAUDIA ST  
 SMYRNA BCH FL 32168

1040 CLAUDIA ST  
 NEW SMYRNA BCH FL 32168-6354  
 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 **59-2781631**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

DONLON, CONNIE C  
 1040 CLAUDIA ST  
 NEW SMYRNA BEACH FL 32168

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

*Connie C. Donlon*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4/25/00**  
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                           |                                 |
|----------------|---------------------------|---------------------------------|
| TITLE          | P                         | <input type="checkbox"/> Delete |
| NAME           | DONLON, CONNIE C          |                                 |
| STREET ADDRESS | 1040 CLAUDIA ST           |                                 |
| CITY-ST-ZIP    | NEW SMYRNA BEACH FL       |                                 |
| TITLE          | VP                        | <input type="checkbox"/> Delete |
| NAME           | BECKER, DIANA D. →        |                                 |
| STREET ADDRESS | 209 CANOVA DR             |                                 |
| CITY-ST-ZIP    | NEW SMYRNA BEACH FL       |                                 |
| TITLE          | ST                        | <input type="checkbox"/> Delete |
| NAME           | DONLON, STACE             |                                 |
| STREET ADDRESS | 1040 CLAUDIA STREET       |                                 |
| CITY-ST-ZIP    | NEW SMYRNA BEACH FL 32168 |                                 |
| TITLE          |                           | <input type="checkbox"/> Delete |
| NAME           |                           |                                 |
| STREET ADDRESS |                           |                                 |
| CITY-ST-ZIP    |                           |                                 |
| TITLE          |                           | <input type="checkbox"/> Delete |
| NAME           |                           |                                 |
| STREET ADDRESS |                           |                                 |
| CITY-ST-ZIP    |                           |                                 |
| TITLE          |                           | <input type="checkbox"/> Delete |
| NAME           |                           |                                 |
| STREET ADDRESS |                           |                                 |
| CITY-ST-ZIP    |                           |                                 |

|                |        |   |
|----------------|--------|---|
| TITLE          |        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |        |   |
| STREET ADDRESS |        |   |
| CITY-ST-ZIP    |        |   |
| TITLE          |        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | BECKER |   |
| STREET ADDRESS |        |   |
| CITY-ST-ZIP    |        |   |
| TITLE          |        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |        |   |
| STREET ADDRESS |        |   |
| CITY-ST-ZIP    |        |   |
| TITLE          |        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |        |   |
| STREET ADDRESS |        |   |
| CITY-ST-ZIP    |        |   |
| TITLE          |        | <input type="checkbox"/> Change <input type="checkbox"/> 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:

*Connie C. Donlon*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/25/00**  
 Date

**904/428-6189**  
 Daytime Phone #

CR2E034 (9/99)