2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Feb 27, 2002 8:00 am DOCUMENT # 647446 **Secretary of State** 1. Entity Name 02-27-2002 90013 029 ***158.75 CVC & ASSOCIATES, INC. Principal Place of Business Mailing Address 4455 DARDANELLE DR. 4455 DARDANELLE DR. ORLANDO FL 32808 ORLANDO FL 32808 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2661569 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PANDY - HILLM AN COOK, CRAIG Street Address (P.O. Box Number is Not Acceptable) 4455 DARDANELLE DR., #D ORLANDO FL 32808 City ORLANDO 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 MAN FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS CR2E034 (9/01) TITLE TITLE Change ☐ Addition ☐ Delete COOK, CRAIG NAME NAME 4455 DARDANELLE DR., #D STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL CITY-ST-ZIP TITLE ☐ Delete TITLE X Change ☐ Addition TD NAME COOK, WELBORN NAME STREET ADDRESS 4455 DARDANELLE DR #D STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32808 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition VID UN: 600 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SID **Addition** TITLE ☐ Delete TITLE Change 0% STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.