

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90207 015 \*\*\*150.00

**DOCUMENT # 666678**

1. Entity Name  
**CEDAR RESOURCES, INC.**

Principal Place of Business 1001 S MYRTLE AVENUE STE 7 CLEARWATER FL 33756 US	Mailing Address 1001 S MYRTLE AVENUE STE 7 CLEARWATER FL 33756 US
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00000406



DO NOT WRITE IN THIS SPACE

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 **59-2132362**  Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**PAGE, JOHN C.**  
**1001 S MYRTLE AVENUE**  
**7**  
**CLEARWATER FL 33756**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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 NAME DICK, BRIAN B	STREET ADDRESS 1001 S MYRTLE AVENUE, STE #7	<input checked="" type="checkbox"/> Delete
TITLE NAME PAGE, JOHN C.	STREET ADDRESS 1001 S MYRTLE AVE, STE #7	<input type="checkbox"/> Delete
TITLE NAME	STREET ADDRESS	<input type="checkbox"/> Delete
TITLE NAME	STREET ADDRESS	<input type="checkbox"/> Delete
TITLE NAME	STREET ADDRESS	<input type="checkbox"/> Delete
TITLE NAME	STREET ADDRESS	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *John C. Page* **President** Date: **4/30/01** Daytime Phone #: **727-443-3444**

CR2E034 (10/00)