

# 2002 UNIFORM BUSINESS REPORT (UBR)

DUPLICATE AV

DOCUMENT # **A00000000626**

1. Entity Name

**C3 ACQUISITION, LTD.**

LA

FILED

02 APR 23 AM 9:11

SECRETARY OF STATE



Principal Place of Business

GARDENS CORPORATE CENTER  
3801 PGA BOULEVARD, SUITE 555  
PALM BEACH GARDENS FL 33410

Mailing Address

GARDENS CORPORATE CENTER  
3801 PGA BOULEVARD, SUITE 555  
PALM BEACH GARDENS FL 33410

3801 PGA Boulevard  
Suite 600  
Palm Beach Gardens, FL 33410

3801 PGA Boulevard  
Suite 600  
Palm Beach Gardens, FL 33410

DUE BY MAY 1, 2002

FEI Number

65-1000540

Applied For

Not Applicable

Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REGSERV CORP.  
GARDENS CORPORATE CENTER  
3801 PGA BOULEVARD, SUITE 555  
PALM BEACH GARDENS FL 33410

REGSERV CORP.  
3801 PGA Boulevard  
Suite 600  
Palm Beach Gardens, FL 33410

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record.

**\$900,900.00**

10. Amount of Capital Contributions in FLORIDA to date.

**\$900,900.00**

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **P00000036919**  
NAME **C3 ACQUISITION CORPORATION**  
STREET ADDRESS **3801 PGA BOULEVARD, SUITE 600**  
CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

STREET ADDRESS  
CITY-ST-ZIP

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CR2E003 (9/01)

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Patrick J. DiSalvo  
Vice President

2/20/02  
Date

561-630-5055