

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90029 018 ***158.75

DOCUMENT # F00000001664

1. Entity Name

CTI, CORP.

Principal Place of Business

P.O. BOX 670
 WARRENTON VA 20188

Mailing Address

P.O. BOX 670
 WARRENTON VA 20188

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 **54-1436308**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ KX

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAULDWELL, MICHAEL
 1290 HIGHWAY A1A, SUITE 104
 SATELLITE BEACH FL 32937

Name James Conroy

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

1290 HIGHWAY A1A, SUITE 104

City SATELLITE BEACH

FL

Zip Code 32937

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 

James Conroy, Division Manager, ETAD

DATE 30 Jan 01

Signature, type, 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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD
 NAME ROSE, DONALD E
 STREET ADDRESS 4616 CENTER LANE
 CITY-ST-ZIP WARRENTON VA 20187 ☐ Delete

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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:  Donald E. Rose, PSTD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

540-349-8623

Daytime Phone #

CR2E034 (10/00)