

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90071 016 \*\*\*150.00

0312588 AV

**DOCUMENT # F80579**

1. Entity Name

C.E.I. FLORIDA, INC.

Principal Place of Business

907 SO. U.S. HWY. 17-92  
P. O. BOX 1600  
DEBARY FL 32713  
US

Mailing Address

3323 W. COMMERCIAL BLVD  
SUITE 200  
FORT LAUDERDALE FL 33309  
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

58-1474021

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION FL 33324

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

Signature, typed 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, 2002 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 **P** ☒ Delete  
NAME **COOK, JOHN C**  
STREET ADDRESS **907 SO. U.S. HWY. 17-92**  
CITY-ST-ZIP **DEBARY FL**

TITLE **S** ☐ Delete  
NAME **FISHER, JANN I**  
STREET ADDRESS **3323 W. COMMERCIAL BLVD, SUITE 200**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33309**

TITLE **T** ☒ Delete  
NAME **EBY, DALE**  
STREET ADDRESS **951 S. ANDREWS AVE**  
CITY-ST-ZIP **POMPANO BEACH FL**

TITLE **AS** ☒ Delete  
NAME **GREENE, WILLIAM**  
STREET ADDRESS **907 SO. US HWY 17-92**  
CITY-ST-ZIP **DEBARY FL**

TITLE **D** ☐ Delete  
NAME **LARIMER, JOHN**  
STREET ADDRESS **3323 W. COMMERCIAL BLVD., SUITE 200**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33309**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition  
NAME **Randy Greene**  
STREET ADDRESS **907 S. Highway 17-92**  
CITY-ST-ZIP **Debarry, FL 32713**

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

TITLE **T** ☒ Change ☐ Addition  
NAME **Gerard P. Mozia**  
STREET ADDRESS **3323 W. Commercial Blvd. #200**  
CITY-ST-ZIP **Ft. Lauderdale, FL 33309**

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

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

TITLE **D** ☐ Change ☒ Addition  
NAME **Gerard P. Mozia**  
STREET ADDRESS **3323 W. Commercial Blvd. #200**  
CITY-ST-ZIP **Ft. Lauderdale, FL 33309**

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:

*Jann I. Fisher* (Secretary)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/02  
Date

954/717-5113  
Daytime Phone #

CR2E034 (9/01)