

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F97000005278**

1. Entity Name
AKD-CDC, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90254 013 ***150.00

Principal Place of Business
**4310 PABLO OAKS CT
JACKSONVILLE FL 32224**

Mailing Address
**P. O. BOX 19366
JACKSONVILLE FL 32245-9366
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FBI Number **59-3466178**

Applied For

Not Applicable

5. 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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

Name

Street Address (P.O. Box Numbers Not Acceptable)

City

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 (typable)

(NOTE: Registered Agent's signature required when re-registering)

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

TITLE	PCTD	☐ Delete
NAME	SKELTON, H J	
STREET ADDRESS	4310 PABLO OAKS CT	
CITY-STATE-ZIP	JACKSONVILLE FL	
TITLE	V	☐ Delete
NAME	FRANCIS, HARRY D	
STREET ADDRESS	4310 PABLO OAKS CT	
CITY-STATE-ZIP	JACKSONVILLE FL	
TITLE	V	☐ Delete
NAME	CLOWE, DAVID C	
STREET ADDRESS	4310 PABLO OAKS CT	
CITY-STATE-ZIP	JACKSONVILLE FL	
TITLE	V	☐ Delete
NAME	THORNE, SUSAN C.	
STREET ADDRESS	4310 PABLO OAKS CT	
CITY-STATE-ZIP	JACKSONVILLE FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-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 Ixo empowered.

SIGNATURE: *Susan C. Thorne*

SUSAN C. THORNE

4/18/01

904/223-7480

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Number

CR2E034 (10/00)