2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT

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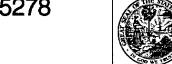
1. Entity Name AKD-CDC, INC.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP



Principal Place of Business

Mailing Address

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.



04-21-2003 91049 042 ***150.00

	4310 PABLO OAKS CT P. O. BOX 19366 JACKSONVILLE FL 32224 JACKSONVILLE FL 32245-9366 US										
2. Principal P	2. Principal Place of Business 3. Mailing Address										
Suite, Apt. #, etc. Suite, Apt. #, 4			e, Apt. #, etc.	#, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State City & State				4. FEI Number 59-3466178				pplied For ot Applicable			
Zip	Country	Zip	Zip Coun			5. (75 Additional Required	
	6. Name and Address of Curre	nt Registere	d Agent-			~ 7 I	Name and Address of New	Registered Ag	jent		
					Name					į	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				Street Address (P.O. Box Number is Not Acceptable)							
					City		***	FL	Zip Cod	le	
	named entity submits this statement ions of registered agent.								miliar with,	and accept	
	Signature, typed or printed name of registered age	ent and title if app	icable. (NOTE	E: Registered A	kgent signatu	re required when re	einstating)	DATE			
After	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.0 c Payable to Florida Department						9. Election Campaign Trust Fund Contribu	~ ~		00 May Be d to Fees	
10.	OFFICERS AN	ID DIRECTO	RS	11.		AD	DDITIONS/CHANGES TO O	FFICERS AND (DIRECTOR	IS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCTD SKELTON, H J 4310 PABLO OAKS CT JACKSONVILLE FL	•	☐ Delete	TITLE NAME STREET CITY-S	address T-Zip	32224-	0421		X) Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FRANCIS, HARRY D 4310 PABLO OAKS CT JACKSONVILLE FL		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP	32224-9			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CLOWE, DAVID C 4310 PABLO OAKS CT JACKSONVILLE FL	- •	☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP	32224-9	9631	er verm e	⊠ Change	- Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V THORNE, SUSAN C. 4310 PABLO OAKS CT JACKSONVILLE FL		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP	32224-9	· · ·		X Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP				☐ Change	☐ Addition	

12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

Delete

904/223-7480

Change

☐ Addition