## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 01, 2002 8:00 am Secretary of State **DOCUMENT #** F98000000544 1. Entity Name CONFIDENTIAL COMMUNICATIONS CONSULTANTS, INC. 05-01-2002 91509 043 \*\*\*150.00 Principal Place of Business Mailing Address 880 JUPITER PARK DRIVE #5 880 JUPITER PARK DRIVE #5 JUPITER FL 33468 JUPITER FL 33468 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 72-1184961 Not Applicable Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MELTON, H. KEITH Street Address (P.O. Box Number is Not Acceptable) 880 JUPITER PARK DRIVE, #5 JUPITER PARK FL 33468 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 if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PCTD ☐ Delete TITLE ☐ Addition NAME MELTON, H K NAME STREET ADDRESS 880 JUPITER PARK DRIVE #5 STREET ADDRESS CITY-ST-ZIP JUPITER FL CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME MELTON, WALLACE NAME STREET ADDRESS 880 JUPITER PARK DRIVE #5 STREET ADDRESS CITY-ST-7IP. JUPITER FL- -- --CITY-ST-ZIP TITLE Delete TITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIR

4/18/02

(561) 143 - 1143 Daytime Phone #

FILED