

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90081 042 ***150.00

DOCUMENT # G 05382

1. Entity Name

C.D.P. Investments Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

364 - 370 Dr mm Bethune Blvd.

3. Mailing Address

2120 E. State Rd 40

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Daytona Beach FL

City & State

DeLeon Springs FL

4. FEI Number

59-2242443

Applied For

Not Applicable

Zip

32114

Country

Volusia

Zip

32130

Country

Volusia

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Jean Corbett Powell

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

2120 E. State Rd 40

City

DeLeon Springs

FL

Zip Code

32130

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, on both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Jean Corbett Powell

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/30/03

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	<u>Pres.</u>
NAME	<u>Terry Szlosek</u>
STREET ADDRESS	<u>715 Ernest Dr</u>
CITY - ST - ZIP	<u>Brt Orange FL 32127</u>
TITLE	<u>Secy Treas</u>
NAME	<u>Jean Powell</u>
STREET ADDRESS	<u>2120 E State Rd 40</u>
CITY - ST - ZIP	<u>DeLeon Springs FL 32130</u>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jean Corbett Powell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/03 386-985-4211

Date

Daytime Phone #

CR2E034B (12/02)