

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90188 031 \*\*\*158.75

**DOCUMENT # H27034**

**1. Entity Name**  
**C/FUNDS GROUP, INC.**



**Principal Place of Business**  
**201 CENTER RD.**  
**SUITE TWO**  
**VENICE FL 34292-3528**

**Mailing Address**  
**201 CENTER RD.**  
**SUITE TWO**  
**VENICE FL 34292-3528**

**90006593**



☐ CHECK HERE IF MAKING CHANGES

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number** **59-2464979**

Applied For

Not Applicable

Zip

Country

Zip

Country

**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**

**CALDWELL, ROLAND G JR**  
**201 CENTER RD**  
**SUITE TWO**  
**VENICE FL 34292**

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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **S** ☐ Delete  
**NAME** **BRASWELL, LYN B**  
**STREET ADDRESS** **542 SILK OAK DRIVE**  
**CITY-ST-ZIP** **VENICE FL 34293**

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

**TITLE** **D** ☐ Delete  
**NAME** **PECHEUX, DEBORAH**  
**STREET ADDRESS** **1911 OAKHURST PARKWAY**  
**CITY-ST-ZIP** **SUGARLAND TX 77479**

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

**TITLE** **PDT** ☐ Delete  
**NAME** **CALDWELL, ROLAND G JR.**  
**STREET ADDRESS** **3320 HARDEE DR**  
**CITY-ST-ZIP** **VENICE FL 34292**

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

**TITLE** **AD** ☐ Delete  
**NAME** **ADAMS, WILLIAMS**  
**STREET ADDRESS** **7239 HAWKINS RD**  
**CITY-ST-ZIP** **SARASOTA FL 34241**

**TITLE** **D** ☒ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **D** ☐ Delete  
**NAME** **CHITTOCK, D B**  
**STREET ADDRESS** **19625 CATS DEN RD**  
**CITY-ST-ZIP** **CHAGRIN FALLS OH 44023**

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

**TITLE** **D** ☐ Delete  
**NAME** **WEBER, EMMETT V**  
**STREET ADDRESS** **3411 BAYOU SOUND**  
**CITY-ST-ZIP** **LONGBOAT KEY FL**

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

**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 Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Roland G. Caldwell Jr.** 01/13/03 941-493-3600

Date

Daytime Phone #

CR2E034 (10/02)