

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90064 048 ***150.00

0078946 AV

DOCUMENT # K24806

1. Entity Name

C E O ASSOCIATES, INC.

Principal Place of Business

**101 SUNNYTOWN ROAD
 SUITE 200
 CASSELBERRY FL 32707**

Mailing Address

**101 SUNNYTOWN ROAD
 SUITE 200
 CASSELBERRY FL 32707**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2250 LUCIEN WAY

Suite, Apt. #, etc.

SUITE 120

City & State

MAITLAND, FL

Zip

32751

Country

ORANGE

3. Mailing Address

2250 LUCIEN WAY

Suite, Apt. #, etc.

SUITE 120

City & State

MAITLAND, FL

Zip

32751

Country

ORANGE

4. FEI Number

59-2892773

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

O'BAKER, CLYDE E.

674 S LAKEMONT AVE

WINTER PARK FL 32702

7. Name and Address of New Registered Agent

Name

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

2250 LUCIEN WAY

SUITE 120

City

MAITLAND

FL

Zip Code

32751

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

CLYDE E. O'BAKER (PRES)

(NOTE: Registered Agent signature required when reinstating)

3/20/02

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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD O'BAKER, CLYDE E. 440 PINESONG DRIVE CASSELBERRY FL 32707	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD O'BAKER, SHELLEY B 674 S LAKEMONT AVE WINTER PARK, FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD 440 PINESONG DRIVE	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	32792	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 like empowered.

SIGNATURE:

SHELLEY B. O'BAKER

SHELLEY B. O'BAKER

3/20/02 (407) 339-1210

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)