

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 02, 2001 8:00 am
Secretary of State

02-02-2001 90124 001 ***300.00

DOCUMENT # K77165

1. Entity Name

CADD DEVELOPMENT CORPORATION

Principal Place of Business

C/O WILLIAM S. WILKINS
 1801 WEST COLONIAL DR
 ORLANDO FL 32806
 US

Mailing Address

C/O WILLIAM S WILKINS
 1801 WEST COLONIAL DR
 ORLANDO FL 32804
 US

24388



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-2936957**

Applied For

Not Applicable

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

WILKINS, WILLIAM S.
1801 WEST COLONIAL DR
ORLANDO FL 32804

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.

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 Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **C** ☒ Delete
 NAME **WILKINS, WILLIAM R.**
 STREET ADDRESS **409 COACH RD**
 CITY-ST-ZIP **SATELLITE BEACH FL**

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

TITLE **P** ☐ Delete
 NAME **WILKINS, TOM J.**
 STREET ADDRESS **1154 OAKGATE CIR**
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL**

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

TITLE **W** ☐ Delete
 NAME **WILKINS, WILLIAM S.**
 STREET ADDRESS **2115 ALAMEDA AVE**
 CITY-ST-ZIP **ORLANDO FL 32804**

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

TITLE **DIRECTOR** ☐ Delete
 NAME **Frank Baldesarra**
 STREET ADDRESS **1170 Old Derry Rd West**
 CITY-ST-ZIP **Mississauga, ON L4W1A1**

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

TITLE **DIRECTOR** ☐ Delete
 NAME **Dennis Samkin**
 STREET ADDRESS **4110 Molly Ave**
 CITY-ST-ZIP **Mississauga ON L4Z1EZ**

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

TITLE **Greg Malkin DIRECTOR** ☐ Delete
 NAME **Greg Malkin**
 STREET ADDRESS **4146 Giles Rd**
 CITY-ST-ZIP **Morland Hills OH 44022**

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William S. Wilkins

1/25/01
 Date

407 689 148
 Daytime Phone #

CR2E034 (10/00)