## 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M92746  1. Entity Name  CCN ENTERPRISES, INC.									
Principal Place of B	usiness	Mailing Address	s						
2 Braddock ave. Daytona Beach Fl US	32118-4608	2 BRADDOCK AVE. DAYTONA BEACH FL 32118-4608 US							
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc		Suite, Apt. #, etc.							
City & State		City & State							
Zip	Country	Zip	Country						
6.	Name and Address of Ci	urrent Registered Agent							
DALMETT	O CHARTER SERVICES	INIC	Name						

## **FILED** Mar 27, 2000 8:00 am Secretary of State 03-27-2000 90100 044 \*\*\*155.00

Suite, Apt. v. etc.  Suite, Ap	IS		US			1 (881881) NA 18118 (1811 1881 81818 8	IC DIEN BIDIN D	1915 BEDAL BEDI	ı <b>b</b> igil 1861			
City & State    Dity & State   Dity &	2. Principal Place of Business		3. Mailing Address		-,							
Zip   Country   Zip   Country   S. Cartificate of Status Desired   \$3.75 Additional Fee Required   Sept Sectional Fee Required   Sept Section   Sept Section   Sept Section   Sept Section   Secti	Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE	IN THIS SF	PACE			
S. Name and Address of Current Registered Agent  PALMETTO CHARTER SERVICES, INC. 150 MAGNOLIA AVENUE DAYTONA BEACH FL 32115  City  FL  Zip Code  C	City & State			City & State		4. F	El Number 59-2905125		<u> </u>		]	
PALMETTO CHARTER SERVICES, INC. 150 MAGNOLIA AVENUE DAYTONA BEACH FL 32115    City   FL   Zip Code	Zip	Zip Country Zip			Count	Country 5.		Certificate of Status Desired S8.75 Additional				
PALMETTO CHARTER SERVICES, INC. 150 MAGNOLIA AVENUE DAYTONA BEACH FL 32115    City   FL   Zip Code		6. Name	and Address of Current I	Registered Agent			7. N	lame and Address of New Re	gistered Aç	jent		]
150 MAGNOLIA AVENUE DAYTONA BEACH FL 32115    City   FL   Zio Code						Name						1
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 Need or private 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 Need or private 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 Need or private named entity submits this statement of registered agent, or both, in the State of Florida.  SIGNATURE   Signature Need or private named entity submits this statement of registered agent, or both, in the State of Florida.    Signature Need or private named entity submits this statement of registered agent, or both, in the State of Florida.    Signature Need or private named entity submits this statement of registered agent, or both, in the State of Florida.    Signature Need or private named entity submits this statement of registered agent, or both, in the State of Florida.    Signature Need or private named entity submits this statement of registered agent, or both, in the State of Florida.    Signature Need or private named entity submits this statement entities   Signature named entity submits this statement entities   Signature named entity submits and place   Signature nam	150 MAGNOLIA AVENUE				Street Address (P.O. Box Number is Not Acceptable)							
SIGNATURE    Signature toped or printed name of registator Spent and close it applicable. (NOTE Registered Agent signature registed when relimbating).   DATE	J. T. T.					City			FL	Zip Code	e	
9. This corporation is eligible to satisfy its intangible Tax filling requirement and elects to do so.   Secritaria on back)   Secri	8. The above	named entity	submits this statement for	the purpose of changing it	ts registere	d office or regis	tered age	ent, or both, in the State of Flor	da.			
After MAY 1, 2000 Fee will be \$550.00 (See cindrator to back)   Make Check Payable to Department of State  11.	SIGNATURE.	Signature, typed	or printed name of registered agent a	nd title if applicable. (NO	TE: Registered	Agent signature requ	ired when re	instating)	DATE			
TITLE NAME SIRET ADDRESS CITY-ST-ZIP  DAVIDSON, MARC L. 2 BRADDOCK AVE. DAYTONA BEACH FL  TITLE NAME SIRET ADDRESS CITY-ST-ZIP	Tax filing requirement and elects to do so.		After MAY 1, 2000 Fee will be \$550.00									
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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					CITY	·ST-ZIP						
	13. I hereby o	ertify that the	information supplied with	this filing does not qualify f	or the exe	nption stated in	Section	119.07(3)(i), Florida Statutes. I	further certi	fy that the	nformation	

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