## ₽

May 02, 2003 8:00 am Secretary of State

05-02-2003 90739 043 \*\*\*150.00

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

DOCUMENT #

P00000036919

1. Entity Name

C3 ACQUISITION CORPORATION

		,	100 W		_				
Principal Place of Business	Mailing Address C		ver le	AL E	<b></b>				
3801 PGA BOULEVARD	*NOTENEW ADDRESS*								
SUITE 600	1500 W Cypress Creek Rd., Ste. 409 Ft. Lauderdale, FL 33309			Į					
PALM BEACH GARDENS FL 33410 Ft. Landerdale, FL 33309									
(500 L). Cypress (rak R) 3. Mailing Address About									
Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES				
Fort Laurerdale, Fd City & State					4. FEI Number 65-0998181			olied For Applicable	
33309 Country A	Zip	Coul	ntry		5. Certificate of Status Desired		.75 Addi Required		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent				
			Name	מאינו	chad E Sahultz				
REGSERV CORP.				10/10	Less (P.O. Box Marpher is Not Acceptable)				
3001 PGA BOULEVARD					(P.O. Box planner is Not Acceptable)				
SUITE 600-					PUDGINA ( VENT DA #419				
PALM BEACH GARDENS FL 33410				$\omega$ .	Cypies Cree	<del></del>	Zin Coele		
				34	wherdale	FL	<u> 3330</u>	09	
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 agenty									
SIGNATURE	Sdrulf		lichne	1 E.	- achultz	41281	183		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)									
FILE NOW!!! FEE IS \$150.00							<b>A</b> = 04		
After May 1, 2003 Fee will be \$550.00					<ol> <li>Election Campaign Fir Trust Fund Contribution</li> </ol>			May Be	
Make Check Payable to Florida Department	of State				Trust i dila Soriti balio		Added	10 / 603	
10. OFFICERS AND DIRECTORS				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE DPT	☐ Delete	TITE	.E				Change	Addition )	
NAME SCHULTZ, MICHAEL E		NAM	AE )		·			-	
STREET ADDRESS 2830 LONG MEADOW DR			EET ADDRESS						
CITY-ST-ZIP W. PALM BEACH FL 33414		CIT	Y-ST-ZIP						
TITLE VPS-	🔀 Delete	ππι	- I				Change	Addition	
NAME DISALVO, PATRICK J		NAN	1						
STREET ADDRESS 3801 PGA BOULEVARD, SUITE			EET ADDRESS						
CITY-ST-ZIP PALM BEACH GARDENS FL 33		CIT	/-ST-ZIP						
TITLE	☐ Delete	TITL	.E				Change	☐ Addition	

NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

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CITY-ST-ZIP

TITLE

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SIGNATURE:

NAME STREET ADDRESS

TITLE

NAME

NAME

TITLE

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP TITLE

Daytime Phone #

Change

☐ Change

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🖊 🔲 Addition

Addition

☐ Addition