

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90494 029 ***150.00

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DOCUMENT # P00000079398

1. Entity Name

CCDT GROUP, INC.

Principal Place of Business

**1201 HAYS STREET
TALLAHASSEE FL 32301**

Mailing Address

**1201 HAYS STREET
TALLAHASSEE FL 32301**

2. Principal Place of Business

17939 Lake Estates Dr.

Suite, Apt. #, etc.

3. Mailing Address

c/o Stuart J. Haft

Suite, Apt. #, etc.

P.O. Box 431

City & State

Boca Raton, FL

City & State

Palm Beach, FL

Zip

33496

Country

Zip

33480

Country

4. FEI Number

65-1075885

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name

Stuart J. Haft, Esq.

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

c/o Alley, Maass, Rogers & Lindsay, P.A.

321 Royal Poinciana Plaza, South

City
Palm Beach

FL

Zip Code
33480

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]

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

(NOTE: Registered Agent signature required when reinstating)

2/26/01

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

TITLE **D** ☒ Delete
NAME **PIZZUTO, PATRICIA**
STREET ADDRESS **1201 HAYS STREET**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Change ☒ Addition
NAME **Sobel, Samuel**
STREET ADDRESS **17939 Lake Estates Dr.**
CITY-ST-ZIP **Boca Raton, FL 33496**

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

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

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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

3.09.2001

Date

Daytime Phone #

CR2E034 (10/00)