

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

FILED
Apr 02, 2002 8:00 am
Secretary of State

DOCUMENT # P00000088497

04-02-2002 90080 049 ***150.00

1. Entity Name

C.C.T.C., Inc.

DO NOT WRITE IN THIS SPACE

755502

2. Principal Place of Business

1800 Pembroke Drive

Suite, Apt. #, etc.

Suite 300

City & State

Orlando, Florida

Zip

32810

Country

USA

3. Mailing Address

200 E. Robinson Street

Suite, Apt. #, etc.

Suite 500

City & State

Orlando, Florida

Zip

32801

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3673689

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

HENDRY, STONER, DELANCETT & BROWN, P.A.

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

200 E. Robinson Street, Suite 500

City
Orlando

FL

Zip Code
32801

**DO NOT WRITE
IN THIS SPACE**

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.

Hendry, Stoner, Delancett & Brown, P.A.

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) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 | P/S/D Evelyn M. Luciano 843 Ashbrook Court Heathrow, Florida 32746 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/02

407.6667.3447