

FILED
Aug 20, 2001 8:00 am
Secretary of State

04-19-2001 90050 047 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000106353

1. Entity Name
C.V.C., INC.

Principal Place of Business Mailing Address

348 PROVINCIAL DR **348 PROVINCIAL DR**
INDIALANTIC FL 32903 **INDIALANTIC FL 32903**

2. Principal Place of Business 3. Mailing Address

6765 North Wickham Rd. **P.O. Box 410138**

Suite, Apt. #, etc. Suite, Apt. #, etc.



C105

City & State City & State

Melbourne FL **Melbourne, FL**

Zip Country Zip Country

32940 **USA** **32941-0138** **USA**

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For

59-1368212 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

VAKOS, MARINA K Name

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

INDIALANTIC FL 32903 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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	D VAKOS, MARINA R 348 PROVINCIAL DR INDIALANTIC FL 32903 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHRISTIANSON, PATRICIA J 346 PROVINCIAL DR INDIALANTIC FL 32903 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHRISTIANSON, PAUL L 348 PROVINCIAL DR INDIALANTIC FL 32903 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Marina R. VAKOS** **President C.V.C. Inc** **April 13, 2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

DOUGLASS A. PERSON, CPA, P.A.
CERTIFIED PUBLIC ACCOUNTANTS

August 8, 2001

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee FL 32314

Attn: Uniform Business Report Section

Re: C. V. C., Inc. - P00000106353

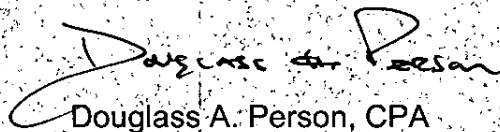
I am the accountant for the above-referenced client and am in response to your notice regarding the Uniform Business Report for 2001. Please see enclosed documents indicating that my client did indeed respond to your notice of April 20, 2001 and returned the signed documents to you on April 30, 2001.

My client did send the filing fee in a timely manner and did respond to your notice in a timely manner. The enclosed items are copies of the original documents previously mailed.

Should you need any further information, please do not hesitate to contact me.

Very truly yours,

DOUGLASS A. PERSON, C.P.A., P.A.



Douglass A. Person, CPA

DAP:ap
Enc.