## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED May 22, 2002 8:00 am Secretary of State

| DOCUMENT # POODO 109503  1. Enuty Name   |  |  | 05-22-2002 90241 009 ***150.00   |  |
|--|--|--|--|--|
| CEA TEAM, Inc.   |  |  |  |  |
|  | TE IN THIS S   | PACE   |  |  |
| 2. Principal Place of Business 3650 Woodstonk Suite, Apt. #, etc.  | 3. Mailing Address 3.50 Suite, Apt. #, etc.                | odstork G.   | DO NOT WRITE IN THIS SI  | PACE   |
| City & State<br>Ft. Myers FL   | City & State   | FL   | 4. FEI Number  | Applied For                                    |
| Zip Country  | Zip  | Country  | 65 - 10 5 7 8 3 4  | Not Applicable 8.75 Additional                 |
| 33908- USA   | 33908  | - 05A -  | 7. Name and Address of Current Registered  | ee Required                                    |
|  |  | Mama -   | sleen, E. Scott  |  |
| DO NOT WRITE  Street Address (P  644 5   |  |  | P.O. Box Number is Not Acceptable)   |  |
|  |  |  | .E. Fourth Avenue  |  |
|  |  | City Fb. 9   | auderdale FL   | Zip Code<br>33301                              |
| 8. The above named entity submits this statem  | ent for the purpose of changing its                        | registered office or register                                | ed agent, or both, in the State of Florida.  | 133501   |
| Signature  |  |  |  |  |
| Signature, typed or printed name of registered   |  | Registered Agent signature required                          | when relustating) DATE   |  |
| 9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) |  |  | 10. Election Campaign Financing Trust Fund Contribution.   | \$5.00 May Be<br>Added to Fees                 |
| 11. OFFICERS   | AND DIRECTORS  |  |  |  |
| NAME Fink, Jerry   |  | TITLE<br>NAME  |  | 2/01   |
| STREET ADDRESS 3650 WOODS  | 33908  | STREET ADDRESS CITY-ST-ZIP                                   |  | 48 (1  |
| DITLE  |  | TITLE  |  | CR2E034B (12/01)                               |
| STREET ADDRESS   | •  | NAME<br>Street Andress                                       |  | 8  |
| CITY-ST-ZIP  |  | CitY-St-ZIP  |  |  |
| NAME - IS LESS ES 25:  | e e en en en e   | NAME   |  |  |
| STREET ADDRESS CITY-ST-ZIP   |  | STREET ADDRESS<br>CITY-ST-ZIP                                | DO NOT WRIT  | F  |
| TITLE  |  | Inte   |  | Anna da ang ang ang ang ang ang ang ang ang an |
| NAME<br>STREET ADDRESS   |  | NAME<br>STREET ADDRESS                                       | IN THIS SPACE  |  |
| CITY-ST-ZIP  |  | CITY-ST-ZIP  |  |  |
| NAME   |  | DILE   |  |  |
| STREET ADDRESS CITY-ST-7JP   |  | STREET ADDRESS   |  |  |
| TITLE  |  | CITY-ST-ZIP  |  |  |
| NAME<br>STREET ADDRESS   |  | NAME   |  |  |
| CITY-ST-ZIP  |  | STREET ADDRESS<br>CHTY-ST-ZIP                                |  |  |
| <ol> <li>I hereby certify that the information supplied indicated on this report or supplemental report.</li> </ol>          | with this fifing does not qualify for the research that my | ne exemption stated in Secti<br>signature shall have the sai | on 119.07(3)(i), Florida Statutes, I further certify the   | nat the information                            |
| of the corporation of the receiver or trustee a<br>attachment with an address, with all other like                           | empowered to execute this report as empowered              | as Advired by Chapter 607.                                   | on 119.07(3)(i), Florida Statutes, I further certify the legal effect as if made under oath; that I am a Florida Statutes; and that my name appears in the legal effect is the legal of the legal effect of th | Block 11 or on an                              |
| SHEMALI CHALI:   | 115. 11  | <u>.</u>   | Jerry B. Fink 4/29/02  | 941 422 7702                                   |
| SIGNATURE AND TYPEL  | OR PRINTED NAME OF SIGNING OFFICER OR                      | DIRECTOR   | Date Daytime   | Phone /  |