FILED Apr 10, 2003 8:00 am Secretary of State

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1. Entity Nan		CES, INC.)	04-10-2003 90061 012		
Principal Place of Business P.O.BOX 1083 RIVERVIEW FL 33569		Mailing Address P.O.BOX 1083 RIVERVIEW FL 33569	P.O.BOX 1083					
2. Principal Place of Business		3. Mailing Address			1			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State			4. FEI Number 59-3697381 Applied For Not Applied		plied For ot Applicable	
Zip ,	Country Zip		Country		5. (5. Certificate of Status Desired S8.75 Additional Fee Required		
	6. Name and Address of Cur	rent Registered Agent			7. N	Name and Address of New Registered A		
				Name				
	r, deborah l Hwy 301 S	egan gama (u u	-	Street Address	(P.O. B	lox Number is Not Acceptable) -		
	V FL 33569			 				
1111211111	, 1 E 00000			City		FL.	Zip Code	e
Afte	Signature, typed or printed name of registered. FILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550 k Payable to Florida Department	.00 nt of State	≣: Registered	d Agent signature require	id when rei	9. Election Campalgn Financing Trust Fund Contribution.	\$5.0 Added	O May Be
10.		AND DIRECTORS	11.		ADI	DITIONS/CHANGES TO OFFICERS AND	DIRECTORS	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAPPS, DENNIS W P.O.BOX 1083 RIVERVIEW FL 33569	☐ Delete		j.			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET	i			☐ Change	Addition
CITY-ST-ZIP				ST-ZIP				}
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREE				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					Change	☐ Addition
TITLE		☐ Delete	TITLE				Change	☐ Addition

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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 attachprent with an address, with all other like empowered.