

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000047873

FILED
Apr 30, 2002 8:00 AM
Secretary of State

Entity Name: CCVENTURE GROUP,INC.

Current Principal Place of Business:

2269 SOUTH UNIVERSITY DR
SUITE 336
FORT LAUDERDALE, FL 33324 US

New Principal Place of Business:

Current Mailing Address:

2269 SOUTH UNIVERSITY DR
SUITE 336
FORT LAUDERDALE, FL 33324 US

New Mailing Address:

FEI Number: 65-1102263 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOVARIK, SUSAN
2143 NOVA VILLAGE DR
DAVIE, FL, FL 33317 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CULLIMORE, CCV
Address: 200 SOUTH BIRCH RD
City-St-Zip: FORT LAUDERDALE, FL 33409 US

Title: D () Delete
Name: PACKHAM, DONALD
Address: 201 NW 52 COURT
City-St-Zip: FORT LAUDERDALE, FL 33309 US

Title: D () Delete
Name: KOVARIK, SUSAN
Address: 2143 NOVA VILLAGE DR
City-St-Zip: DAVIE, FL 33317 US

Title: D () Delete
Name: SOMNER, DAVID
Address: 5760 ROCK ISLAND RD
City-St-Zip: TAMARAC, FL 33319 US

Title: D () Delete
Name: BRICKER, ADAM
Address: 9161 VINEYARD LAKE DR
City-St-Zip: PLANTATION, FL 33324 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN KOVARIK

D

04/30/2002

Electronic Signature of Signing Officer or Director

Date