

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2002 8:00 am
Secretary of State

02-03-2002 90015 046 ***150.00

DOCUMENT # P01000059423

1. Entity Name

C.T.E.A. MANAGEMENT GROUP, INC.

Principal Place of Business

**860 E. STATE RD. 434
 LONGWOOD FL 32750**

Mailing Address

**860 E. STATE RD. 434
 LONGWOOD FL 32750**

2. Principal Place of Business

**450 Crown Oak Centre Dr
 Suite, Apt. #, etc.**

3. Mailing Address

**450 Crown Oak Centre Dr
 Suite, Apt. #, etc.**

City & State

Longwood, FL 32750-6186

City & State

Longwood, FL 32750

4. FEI Number

59-3731195

Applied For

Not Applicable

Zip

Country

Seminole

Zip

Country

Seminole

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**THORNBURGH, CHRISTOPHER J
 860 E. STATE RD. 434
 LONGWOOD FL 32750**

7. Name and Address of New Registered Agent-

Name

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

450 Crown Oak Centre Dr

City

Longwood

FL

Zip Code

32750-6186

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

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) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 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

TITLE	D	<input type="checkbox"/> Delete
NAME	APONTE, EFRAIN	
STREET ADDRESS	860 E. STATE RD. 434	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE	D	<input type="checkbox"/> Delete
NAME	THORNBURGH, CHRISTOPHER J	
STREET ADDRESS	860 E. STATE RD. 434	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	450 Crown Oak Centre Dr	
CITY-ST-ZIP	Longwood, FL 32750-6186	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	450 Crown Oak Centre Dr	
CITY-ST-ZIP	Longwood, FL 32750-6186	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE REQUIRED

Date

Daytime Phone #

CR2E034 (9/01)