## **FILED** Jun 16, 2002 8:00 am Secretary of State 2002 UNIFORM BUSINESS REPORT (UBR) <sup>~</sup>P01000089260 05-13-2002 90097 026 \*\*\*150.00

DOCUMENT等 CTG HOLDINGS, INC. Principal Place of Business Mailing Address 92949 660 LINTON BLVD STE 206G 680 LINTON BLVD STE 206G DELRAY BEACH FL 33444 DELRAY BEACH FL 33444 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number 30 -0061558 City & State Applied For Not Applicable Zip Country Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LHOTA, DAVID P ESQ Street Address (P.O. Box Number is Not Acceptable) C/O STREARNS, WEAVER, MILLER, WEISSLER 200 EAST BROWARD BLVD STE 1900 FT LAUDERDALE FL 33301 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. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 мау Ве (See criteria on back) Make Check Payable to Department of State Trust Fund Contribution. 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Change ☐ Addition (9/01) NAME PETRUZZI, CHARLES NAME STREET ADDRESS 660 LINTON BLVD STE 206G STREET ADDRESS CITY - ST-ZIP **DELRAY BEACH FL 33444** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME PENBE, GREG NAME 660 LINTON BLVD STE 206G DELRAY BEACH FL 33444 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete . TITLE ☐ Change ☐ Addition PETRUZZI, ANTHONY NAME " STREET ADDRESS 660 LINTON BLVD STE 206G STREET ADDRESS DELRAY BEACH FL 33444 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME PENBE, CLIFF NAME 660 LINTON BLVD STE 206G STREET ADDRESS CITY-ST-ZIP **DELRAY BEACH FL 33444** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS 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 bystee empowered to execute this report as required by Chapter 607. Florida Statutes, and that my name appears in Block 10 Block 12 if the empowered.

SIGNATURE: