

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90733 018 \*\*\*150.00

**DOCUMENT # P01000118873**

1. Entity Name  
**C.C.P. DEVELOPMENT GROUP, INC.**



Principal Place of Business  
**1601 BLACKBERRY CT  
EUSTIS, FL 32726**

Mailing Address  
**1601 BLACKBERRY CT  
EUSTIS, FL 32726**

**70039983**

2. Principal Place of Business  
**1501 FAHNSTOCK ST.**  
Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 146**  
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State  
**EUSTIS, FL**  
Zip  
**32726**  
Country  
**U.S.A.**

City & State  
**EUSTIS, FL**  
Zip  
**32727**  
Country  
**U.S.A.**

4. FEI Number  
**04-3651820**  
☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PARENT, BRETT R  
1601 BLACKBERRY CT  
EUSTIS, FL 32726**

7. Name and Address of New Registered Agent

Name  
**BRETT R. PARENT**  
Street Address (P.O. Box Number Is Not Acceptable)  
**1501 FAHNSTOCK ST**  
City  
**EUSTIS** FL Zip Code  
**32726**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Signature]*

**BRETT R. PARENT**

**4/7/03**

(Signature, in order of printed name of registered agent and title if applicable.)

(NOTE: Registered Agent's signature required when resigning.)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	PARENT, BRETT R	1601 BLACKBERRY CT	EUSTIS, FL 32726	<input type="checkbox"/>
D	GUENTHER, GERARD G	2056 OVERLOOK DR	MT DORA, FL 32767	<input type="checkbox"/>
D	COUGHTRY, SUE ELLEN	303 N HIGHLAND ST	MT DORA, FL 32767	<input type="checkbox"/>
D	JONES, PHILIP	2706 LAKE JEM RD	MT DORA, FL 32767	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		1501 FAHNSTOCK ST	EUSTIS, FL 32726	<input type="checkbox"/>
		1843 OVERLOOK DR.	MOUNT DORA, FL 32757	<input checked="" type="checkbox"/>
		27930 LAKE JEM Rd.	MOUNT DORA, FL 32757	<input checked="" type="checkbox"/>
	DIRECTOR	DAVE DENTI	10151 SYLVIAN DRIVE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		DUBLIN, OH 43017		<input type="checkbox"/>
				<input type="checkbox"/>

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 attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*

**BRETT R. PARENT**

**4/7/03**

**352-266-2371**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)