

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2003 8:00 am
Secretary of State

05-27-2003 90161 003 ***150.00

0157062 AV

DOCUMENT # P02000009580

1. Entity Name
CCR MANAGEMENT, INC.



Principal Place of Business
**1727 VAN BUREN STREET STE 1
HOLLYWOOD FL 33020**

Mailing Address
**1727 VAN BUREN STREET STE 1
HOLLYWOOD FL 33020**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

01-0716811

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COATES, KENNETH H
1727 VAN BUREN STREET STE 1
HOLLYWOOD FL 33020**

Name

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

City

FL

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **COATES, KENNETH**
CITY-ST-ZIP **1727 VAN BUREN STREET STE 1
HOLLYWOOD FL 33020**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 attachment with an address, with all other like empowered.

SIGNATURE:

Signature Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/03

Date

754 423-2894

Daytime Phone #

CR2E034 (10/02)

90137898 Attachment SD# P0200009580
C.C.R. Management, Inc.

May 15, 2003

Division of Corporations
Uniform Business Report Filings

Dear Sir or Madam:

I received the package to file my corporation on May 13, 2003.. I was confused when I read the front and it said to file this by May 1, 2003 or pay a late file fine. I called you office and was asked if I received the form in January to which I replied "no". The nice lady I spoke with told me to write this letter informing you office of my dilemma and to send the form and a check for \$150.00.. Thank you for you assistance in this matter and I will endeavor to not let this happen again in the future.

Sincerely,

Kenneth H. Coates