

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


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

0157062
AV

05-27-2003 90161 003 ***150.00

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
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
COATES, KENNETH H
1727 VAN BUREN STREET STE 1
HOLLYWOOD FL 33020

4. FEI Number
01-0716811

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

7. Name and Address of New Registered Agent
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 _____ (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

TITLE	D <input type="checkbox"/> Delete
NAME	COATES, KENNETH
STREET ADDRESS	1727 VAN BUREN STREET STE 1
CITY-ST-ZIP	HOLLYWOOD FL 33020
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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: *Kenneth H Coates* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/03 754 423-2894
Date Daytime Phone #

CRCE034 (10/02)

90137898 Attachment ID# P02000009580
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