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

## 3/3.

## **FILED** Mar 24, 2003 8:00 am Secretary of State

DOCUMENT # P02000017399  1. Entity Name CGD ENTERPRISES, INC.					03-03-2003 90957	)10 ***150.00	
Principal Place of Business Mailing Address 5215 FIR DR 5215 FIR DR ORLANDO FL 32806 ORLANDO FL 32806							
Principal Place of Business				I TOTELLOCK INT ORING LITHIN CENTU REVIOUR SELICU PROVINCENTIES ANTIP LOTING PAIN 1881		#405 14116 18110 4011 1801	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES		
City & State		City & State		4.	69-3649805	Applied For Not Applicable	
Zip	Country	Zip	Country			.75 Additional Required	
	6. Name and Address of Curre	nt Registered Agent		7. 1	Name and Address of New Registered Age	1t	
0.45			Name			। जन ुः ू <sub></sub> ु ः ः	
CLAPHAM 5215 FIR	I, DOUGLAS G		Z. Z	Street Address (P.O. Box Number is Not Acceptable)			
ORLANDO FL 32806			0				
li .	5.5		City		FĽ	Zip Code	
the obligat	named entity submits this statement tions of registered agent.	for the purpose of changin	g its registered office o	r registered ag	ent, or both, in the State of Florida. I am famil	iar with, and accept	
SIGNATURE	Signature, typed or printed name of registered age						
;	Signature, typed or printed rearrie or registered age	int and little if applicable.	(NOTE: Registered Agent signs	lute required when re	instating) DATE		
. After	ILÉ NOW!!! FEE IS \$150.00 r May 1; 2003 Fee will be \$550.00 c Payable to Florida Department		•		9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	<u> </u>	D DIRECTORS	11.	ΔD	DITIONS/CHANGES TO OFFICERS AND DIR	ECTORS IN 11	
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40 1 5 5 5 5 5 5		N- 45 - F4 - 1		and in Constant	40 07/03/21 51-14- O-14-14-14 de-1	-1.41	

I hereby certify that the information supplied with this filling 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 AND TYPED OF ARRINTED NAME OF SIGNING OF THE OF DIRECTOR

4074615046