

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**Jul 28, 2003 8:00 am**  
**Secretary of State**

07-28-2003 90149 009 \*\*\*150.00

DOCUMENT # P02000059044

1. Entity Name  
CD GLOBAL, INC.

(L) ✓



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
907 N. CLARK ST.  
Suite, Apt. #, etc.

3. Mailing Address  
907 CLARK ST.  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
PLANT CITY

City & State  
PLANT CITY FL.

Zip  
33566

Country  
USA

Zip  
33566

Country  
USA

4. FEI Number  
02-0613292

Applied For  
☐ Not Applicable

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

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
DAVID F. FOX

Street Address (P.O. Box Number is Not Acceptable)  
907 N. CLARK ST.

City  
PLANT CITY

FL Zip Code  
33566

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 \_\_\_\_\_

**FEE IS \$61.25  
Initial or Amended UBR**

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D FOX, DAVID F. 907 CLARK ST. PLANT CITY FL. 33566</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: David F. Fox 7/24/03 813-763-0148

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/02)