

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2003 8:00 am**  
**Secretary of State**

03-26-2003 90160 029 \*\*\*150.00

**DOCUMENT # P02000069541**

1. Entity Name  
**C.C.C.K., INC.**



Principal Place of Business  
**114 JENSEN BCH BLVD  
JENSEN BCH FL 34957**

Mailing Address  
**114 JENSEN BCH BLVD  
JENSEN BCH FL 34957**



2. Principal Place of Business

**1114 JENSEN BCH BLVD**  
Suite, Apt. #, etc.

3. Mailing Address

**1114 JENSEN BCH BLVD**  
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
**JENSEN BCH FL**

City & State  
**JENSEN BCH FL**

4. FEI Number  
**03-0467438**

Applied For  
Not Applicable

Zip  
**34957** Country  
**USA**

Zip  
**34957** Country  
**USA**

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

6. Name and Address of Current Registered Agent

**CODERRE, CHRISTINE  
1693 NE ORION  
JENSEN BCH FL 34957**

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 *Christine Coderre*

**3-20-2003**

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

TITLE **DIRECTOR** ☐ Delete  
NAME **CHRISTINE CODERRE**  
STREET ADDRESS **1693 NE ORION ST**  
CITY-ST-ZIP **JENSEN BCH, FL 34957**

TITLE **DIRECTOR** ☐ Delete  
NAME **CALVIN KONOWAL**  
STREET ADDRESS **13809 S. INDIAN RIVER DR.**  
CITY-ST-ZIP **JENSEN BCH, FL 34957**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Christine Coderre* **CHRISTINE CODERRE** **3-20-03** **712-334-5330**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/02)