

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

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.

City & State
JENSEN BCH FL

City & State
JENSEN BCH FL

Zip
34957

Country
USA

Zip
34957

Country
USA

4. FEI Number

03-0467438

Applied For

Not Applicable

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-20-2003

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**

CR2E034 (10/02)

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

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
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** **772-334-5330**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #