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

P02000093419 DOCUMENT # 1. Entity Name CNC CORP



Secretary of State 01-29-2003 90161 004 ***158.75

ONO COM.				
Principal Place of Business 8282 SE SANCTUARY DRIVE HOBE SOUND FL 33455	Mailing Address 8282 SE SANCTUARY DRIVE HOBE SOUND FL 33455			
Principal Place of Business	3. Mailing Address			
Suite, Apt. #, etc.	538 No Do v Suite, Apt. #, etc.	ree	CHECK HERE IF MAKI	NG CHANGES
City & State Teanes Ta L	City & State I Caues TA	~	4. FEI Number 048 62 43	Applied For Not Applicable
33469 Ruh Beh	Zip Col	Intry In Bch	5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent	
TAYLOR, BARRY E ESQ 900 E INDIANTOWN ROAD STE 305		Name	وسادي المراج مواراتها والماسيون	· · · · · · · · · ·
		Street Address (P.O. Box Number is Not Acceptable)		
JUPITER FL 33477				
		City	F	Zip Code
The above named entity submits this statement for the obligations of registered agent.	r the purpose of changing its registe	ered office or register	ed agent, or both, in the State of Florida. I a	m familiar with, and accept
SIGNATURE Signature, typed of printed name of registered agent	and title if apolicable. (NOTE: Registe	ered Agent signature required		24-03

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. Change ☐ Addition TITLE ☐ Delete TITLE PresidenT **NEU, CHARLES** NAME NAME Charles New STREET ADDRESS STREET ADDRESS 8282 SE SANCTUARY DRIVE-**HOBE SOUND FL 33455** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE CHARLES, JOSEPH NAME NAME STREET ADDRESS 538 NORTH DOVER STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TEQUESTA FL 33469 TITLE ☐ Change ☐ Addition TITLE □ Delete CHAMBERS, NANCY L NAME NAME STREET ADDRESS STREET ADDRESS 1913 SW NOTRE DAME AVE CITY-ST-ZIP CITY-ST-ZIP PORT ST LUCIE FL 34956 TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby 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: