

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000039167

1. Entity Name

CEC INTERNATIONAL, INC.

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90010 033 ***150.00

Principal Place of Business

Mailing Address

P.O. BOX 1010
EASTPOINT FL 32328

P.O. BOX 1010
EASTPOINT FL 32328-1010

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3186789

Applied For

Not Applicable

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

CIANCIOLO, CHERYL
120 15TH ST.
APALACHICOLA FL 32320

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.

SIGNATURE

CECiancio

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

(NOTE: Registered Agent signature required when reinstating)

1/25/00

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. ~~EXEMPTION BY OFFICERS AND DIRECTORS~~

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ~~D~~ ☒ Delete
NAME ~~WILSON, JERRY~~
STREET ADDRESS ~~100 WATER STREET~~
CITY-ST-ZIP ~~APALACHICOLA FL 32320~~

TITLE ☐ Change ☒ Addition
NAME *Vincent Stapleton*
STREET ADDRESS *P.O. BOX 4050*
CITY-ST-ZIP *State Line, NV, 89449*

TITLE ☐ Delete
NAME D
STREET ADDRESS ERICKSON, DORIS
CITY-ST-ZIP 9615 SKYLARK BOULEVARD
GARDEN GROVE CA 92841

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

TITLE ☐ Delete
NAME D
STREET ADDRESS DONAHOE, SHAUN
CITY-ST-ZIP 17 1/2 AVENUE E., P.O. BOX 666
APALACHICOLA FL 32329

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

TITLE ☐ Delete
NAME P
STREET ADDRESS CIANCIOLO, CHERYL
CITY-ST-ZIP 120 15TH STREET
APALACHICOLA FL 32320

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

TITLE ☐ Delete
NAME A
STREET ADDRESS LANE, LARRY
CITY-ST-ZIP P.O. BOX 777 N/A
EASTPOINT FL 32328

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

TITLE ☐ Delete
NAME *Vincent Stapleton*
STREET ADDRESS *P.O. BOX 4050*
CITY-ST-ZIP *State Line, NV, 89449*

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CECiancio

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/00

DATE

775-588-0672

Daytime Phone #

CR2E034 (9/99)