

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000039167

1. Entity Name
CEC INTERNATIONAL, INC.

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90316 043 ***150.00

Principal Place of Business
**P.O. BOX 1010
EASTPOINT FL 32328**

Mailing Address
**P.O. BOX 1010
EASTPOINT FL 32328**

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

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

(NOTE: Registered Agent signature required when reinstating)

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, 2001 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. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	STAPLETON, VINCENT	
STREET ADDRESS	PO BOX 4050	
CITY-ST-ZIP	STATELINE NV 89449	
TITLE	D	<input type="checkbox"/> Delete
NAME	ERICKSON, DORIS	
STREET ADDRESS	9615 SKYLARK BOULEVARD	
CITY-ST-ZIP	GARDEN GROVE CA 92841	
TITLE	D	<input type="checkbox"/> Delete
NAME	DONAHOE, SHAUN	
STREET ADDRESS	17 1/2 AVENUE E., P.O. BOX 666	
CITY-ST-ZIP	APALACHICOLA FL 32329	
TITLE	P	<input type="checkbox"/> Delete
NAME	CIANCIOLO, CHERYL	
STREET ADDRESS	120 15TH STREET	
CITY-ST-ZIP	APALACHICOLA FL 32320	
TITLE	A	<input type="checkbox"/> Delete
NAME	LANE, LARRY	
STREET ADDRESS	P.O. BOX 777 N/A	
CITY-ST-ZIP	EASTPOINT FL 32328	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

CE Cianoio, CE Cianoio
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/1/01 408-829-6735

CR2E034 (10/00)