

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

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90737 008 ***150.00

DOCUMENT # P93000039107
1. Entity Name CEC International, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
P.O. BOX 1010
Suite, Apt. #, etc.
City & State
Eastpoint, FL
Zip Country
32328 USA

80061893

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-318-6789 Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Cheryl Cianciblo
Street Address (P.O. Box Number is Not Acceptable)
120 15th Street
City Apalachicola FL Zip Code 32320

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 CE Cianciblo - President DATE 3/5/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>President Cheryl Cianciblo 120 15th Street Apalachicola, FL, 32328</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Vice President Doug Erickson 9615 Skylark Blvd, Garden Grove, CA, 92841</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Treasurer Robert L. Lane, CPA 135 Highway 98, POB 777 Eastpoint, FL, 32328</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Shaun S. Donahoe (Officer) 17 1/2 Ave, E, POB 666 Apalachicola, FL, 32329</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: CE Cianciblo - CE Cianciblo DATE 3/5/02 DAYTIME PHONE # 408-829-6735
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)