

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90354 027 ***150.00

DOCUMENT # P93000039167



1. Entity Name
CEC INTERNATIONAL, INC.

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.

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **59-3186789**

Applied For
 Not Applicable

Zip Country

Zip Country

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

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

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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *C. Cianciolo*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/10/03 Daytime Phone # 408-829-6735

CR2E034 (10/02)