

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000066901

1. Entity Name

C.T.C. EQUITIES INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90086 028 ***150.00

Principal Place of Business

Mailing Address

1802 S.W. BAYSHORE BLVD.
 PORT ST. LUCIE FL 34984

1802 S.W. BAYSHORE BLVD.
 PORT ST. LUCIE FL 34984-3505

2. Principal Place of Business

1738 SW BILTMORE ST.

3. Mailing Address

1738 SW BILTMORE ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0444729

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ESPENSCHIED, FRED
 1802 S.W. BAYSHORE BLVD.
 PORT ST. LUCIE FL 34984

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1738 SW BILTMORE ST.

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

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

FRED ESPENSCHIED

4/18/00
 DATE

(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)

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. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ESPENSCHIED, FRED	
STREET ADDRESS	1802 S.W. BAYSHORE BLVD.	
CITY-ST-ZIP	PORT ST. LUCIE FL 34984	
TITLE	D	<input type="checkbox"/> Delete
NAME	PERILLO, THOAMS JR	
STREET ADDRESS	6 RIDGE DRIVE	
CITY-ST-ZIP	MELVILLE NY 11747	
TITLE	D	<input type="checkbox"/> Delete
NAME	PERILLO, CHRISTOPHER	
STREET ADDRESS	6 RIDGE DRIVE	
CITY-ST-ZIP	MELVILLE NY 11747	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOFFATT, CYNTHIA	
STREET ADDRESS	6 RIDGE DRIVE	
CITY-ST-ZIP	MELVILLE NY 11747	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1738 SW BILTMORE ST.	
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		
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)(f), 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:

Fred Espenschied
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRED ESPENSCHIED

4/18/00 (561) 878-0488
 Date Daytime Phone #

CR2E034 (9/99)