2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
04-26-2001 90004 042 ***150.00

DOCUMENT # P94000038224

1. Entity Name
CCMC, INC.

Principal Place of Business	Mailing Address
140 N WESTMONTE DR 201 ALTAMONTE SPRINGS FL 32714 US	140 N WESTMONTE DR 201 ALTAMONTE SPRINGS FL 32714 US

644409

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
217 N. Westmonte DR.	217 N. Westmonte DR.
Suite, Apt. #, etc. 3033	Suite, Apt. #, etc. 3033
City & State Altamonte Springs, Fl	City & State Altamonte Springs
Zip 32714 Country US	Zip 32714 Country US

4. FEI Number 59-3247230 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIS, DAVID L
1830 KING ARTHUR CIR
MAITLAND FL 32751

7. Name and Address of New Registered Agent

Name David L. Willis
Street Address (P.O. Box Number is Not Acceptable) 217 N. Westmonte Dr.
Suite 3033
City Altamonte Springs FL Zip Code 32714

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 David L. Willis David L. Willis 4/17/01
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILLIS, DAVID L 1830 KING ARTHUR CIR MAITLAND FL 32751 ☐ Delete	☑ Change ☐ Addition 2301 Lucretia Ct. Sanford, FL 32771
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PHILLIPS, MITCHELL 2213 BLUFF OAK ST APOPKA FL 32712 ☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition

CR2E034 (10/00)

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: David L. Willis David L. Willis 4/17/01 1-407-788-7557
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #