

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 19, 2001 8:00 am**  
**Secretary of State**

06-19-2001 90878 042 \*\*\*150.00

**DOCUMENT # P94000065185**

1. Entity Name  
**CEA DRIVE, INC.**

*(LA)*

Principal Place of Business      Mailing Address  
 101 E. KENNEDY BLVD.      101 E. KENNEDY BLVD.  
 SUITE 3300      SUITE 3300  
 TAMPA FL 33602      TAMPA FL 33602



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number **59-3265929**      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

**JUNG, MING G**  
**101 E. KENNEDY BLVD.**  
**SUITE 3300**  
**TAMPA FL 33602**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
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)  **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	DP	<input type="checkbox"/> Delete
NAME	MICHAELS, J. PATRICK JR.	
STREET ADDRESS	101 E. KENNEDY BLVD., STE. 3300	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	V	<input type="checkbox"/> Delete
NAME	GORDON, BRAD A	
STREET ADDRESS	101 E KENNEDY BLVD STE 3300	
CITY-ST-ZIP	TAMPA FL	
TITLE	VS	<input type="checkbox"/> Delete
NAME	BURNS, DAVID A.	
STREET ADDRESS	101 E KENNEDY BLVD STE 3300	
CITY-ST-ZIP	TAMPA FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	JUNG, MING G	
STREET ADDRESS	101 E KENNEDY BLVD.,STE 3300	
CITY-ST-ZIP	TAMPA FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CARDY, THOMAS W.	
STREET ADDRESS	101 E KENNEDY BLVD STE 3300	
CITY-ST-ZIP	TAMPA FL	
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		
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)(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, title or other like empowered.

SIGNATURE: X *Ming Jung*      Ming Jung      4/20/01      (813) 226-8844  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (10/00)



COMMUNICATIONS  
EQUITY  
ASSOCIATES

Attachment  
A0073809

Document # P94000065185

June 5, 2001

**Certified Mail**  
**Return Receipt Requested**  
**# 7106 4575 1292 1775 5158**

Division of Corporations  
Uniform Business Report Filings  
PO Box 1500  
Tallahassee, FL 32302-1500

Re: CEA Drive, Inc.  
EIN 59-3265929

Dear Sir or Madam:

We received your notice dated May 22, 2001 (copy attached) regarding the incorrect payee on the check submitted for the filing fee for the 2000 Uniform Business Report (UBR). Enclosed is a replacement check in the amount of \$150 for the above company.

Please call me if you have any questions.

Best regards,

Angela L. Horwitz  
Controller  
Merchant Banking

ALH:ps

Enclosures



COMMUNICATIONS  
EQUITY  
ASSOCIATES

Attachment 654346  
799000065185

AW13A09

April 24, 2001

**Certified Mail**  
**Return Receipt Requested**  
**# 7106 4575 1292 1775 3130**

Division of Corporations  
Uniform Business Report Filings  
PO Box 1500  
Tallahassee, FL 32302-1500

Re: CEA Drive, Inc.  
EIN 59-3265929

Dear Sir or Madam:

Enclosed please find the 2000 Uniform Business Report (UBR) for the above entity along with a check in the amount of \$150.

Please call me if you have any questions.

Best regards,

Angela L. Horwitz  
Senior Associate  
Merchant Banking

ALH:ps

Enclosures