

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

9/4/2003-90065-028-\$550.00-\$550.00

FILED


03 SEP 25 PM 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0136591 AT

DOCUMENT # P94000086156

1. Entity Name
CPL, INC.



Principal Place of Business
~~2060 80 FOOT RD.~~
BARTOW FL 33830
US

Mailing Address
~~2060 80 FOOT RD.~~
~~BARTOW FL 33830~~
US

2. Principal Place of Business
215 Orangeriew Lane

3. Mailing Address
SAME

Suite, Apt. #, etc.
#F-11

Suite, Apt. #, etc.

City & State
Lakeland FL

City & State

Zip
33803

Country
US

Zip

Country

4. FEI Number **59-3280649**

Applied For
 Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

HALL, W. GARVE
~~2060 80 FOOT RD.~~
~~BARTOW FL 33830~~
215 Orangeriew Lane
#F-11
Lakeland FL 33803

7. Name and Address of New Registered Agent

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 _____

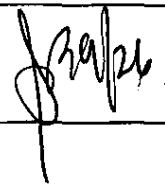
FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DICKES, BYRAM E 100 S. WACKER DRIVE, SUITE 1140 CHICAGO IL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD HALL, W. GARVE 2060 80 FOOT RD. 215 Orangeriew Ln BARTOW FL #F-11 Lakeland FL 33803	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, when all other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **8/29/02** (863) 644-2081
Daytime Phone #

W. Garvie Hall

CR2E034 (4/03)