2002 UNIFORM	BUSINESS	REPORT	(UBR)
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CED ACQUISITIONS, INC.				FILED						
Principal Place of Business Mailing Address 1551 SANDSPUR RD P O BOX 4961 MAITLAND FL 32751 ORLANDO FL 32801-4961					O2 FEB 15 PM 12: 14 SECRETARY OF STATE TALLAHASSEE FLORIDA					
Principal Place of Business 3. Mailing Address										
2. Principal Place of Business Sulte, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State		City & State			4. FEI Number	59-3307806			olied For	
Zip	Country	Country Zip Cou		try		5. Certificate of S			75 Add Required	
	6. Name and Address of Current R	egistered Agent				7. Name and Ad	dress of New Reg			<u>'</u>
				Name						
B&C CORPORATE SERVICES OF CENTRAL FLORIDA 390 N. ORANGE AVE.			Street Add	dress (P.O. Box Number is Not Acceptable)						
SUITE 110										
ORLANDO) FL 32801			City Zip Code						
8. The above	named entity submits this statement for	the purpose of changing its	registere	d office or re	egistered	agent, or both, in	n the State of Flori			
SIGNATURE.	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE	: Registere	d Agent signature r	required wh	nen reinstating)		DATE		
9. This corpo	pration is eligible to satisfy its Intangible	FILE NOW!	FEE	IS \$150.00)	10 Electio	n Campaign Finar	ncina	\$5 A	O May Be
•	equirement and elects to do so.	After May 1, 200 Make Check Payab				Trust F	und Contribution.			to Fees
11.	OFFICERS AND D		12.		or Ottale	1	ANGES TO OFFIC	ERS AND DIRE	CTORS	IN 11
TITLE	PSTD	Delete	TITLI			7.0011101107011	41020 10 01710		hange	Addition
NAME	GINSBURG, ALAN H		NAM	E	e00005024696C			o l		
STREET ADDRESS CITY-ST-ZIP	1551 SANDSPUR RD			ET ADDRESS -ST-ZIP		6000050246960 -02/27/0201082012				12
	MAITLAND FL 32751	☐ Delete	TITLI	<u> </u>			****150) <u>.00</u> **	hange	Addition
TITLE NAME	VP SCIARRINO, MICHAEL J	Delete	NAM	I			•		mango	
STREET ADDRESS	1551 SANDSPUR RD		STRE	ET ADDRESS						ļ
CITY-ST-ZIP	MAITLAND FL 32751	re.	CITY	-ST-ZIP						
TITLE	VP	☐ Delete	TITLE						hange	Addition
NAME STREET ADDRESS	SHASSIAN, LOUIS P 1551 SANDSPUR RD		NAM STRE	ET ADDRESS						
CITY-ST-ZIP	MAITLAND FL 32751			-ST-ZIP						
TITLE	VP	☐ Delete	TITL					=	hange	☐ Addition
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STREET ADDRESS CITY-ST-ZIP	1551 Sandspur RD Maitland FL 32751			ET ADDRESS -ST-ZIP						
TITLE	VP	☐ Delete	TITL	<u> </u>			****		hange	Addition
NAME	STIMMELL, DAVID M		NAM							}
STREET ADDRESS CITY-ST-ZIP	1551 SANDSPUR RD			ET ADDRESS -ST-ZIP						}
TITLE	MAITLAND FL 32751 VP	☐ Delete	TITL	 -	**				hange	Addition
NAME	PRICE, DEAN	Li Delete	NAM					٠.,٠	1	<u></u>
STREET ADDRESS	1551 SANDSPUR RD			ET ADDRESS					/V	\mathcal{M}
*CITY-ST-ZIP	MAITLAND FL 32751			-ST-ZIP	1.1- C	: 110.07/0\/" 5	Tadala Oscilista - 15	urshor or wife . st.	10	V
13. I hereby o	certify that the information supplied with t	inis filing does not qualify for	ine exe	mption stated	ın Secti	ion 119.07(3)(1), F	ionaa Statutes. 11	urmer cenny ind	at the in	Torrhation

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

SIGNATURE AND TYPED OR BONDED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/22 Date to7/741-8500