2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P95000054810 1. Entity Name CBL&C, INC. Principal Place of Business Mailing Address 5012 FIRST COAST HIGHWAY P O BOX 6159 AMELIA ISLAND FL 32034 AMELIA ISLAND FL 32035 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Zip Country

6. Name and Address of Current Registered Agent

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

OFFICERS AND DIRECTORS

☐ Delete

☐ Delete

☐ Delete

☐ Delete

☐ Delete

☐ Delete

ARONECK, CHARLES

SIGNATURE

11.

TITLE

NAME

TITLE

NAME

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIF

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

CITY-ST-ZIP TITLE

CITY-ST-ZIP TITLE

CITY-ST-ZIP

5012 FIRST COAST HIGHWAY AMELIA ISLAND FL 32035

9. This corporation is eligible to satisfy its Intangible

ARONECK, CHARLES M

JACKSONVILLE FL 32225

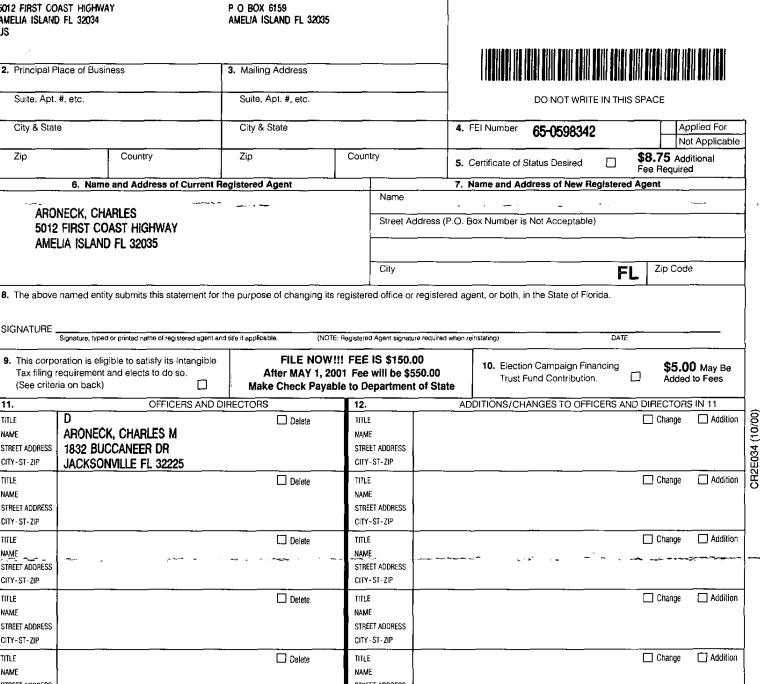
1832 BUCCANEER DR

Tax filing requirement and elects to do so.

(See criteria on back)

Feb 07, 2001 8:00 am **Secretary of State**

02-07-2001 90194 048 ***150.00



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.

CITY-ST-ZIP

City

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

901-261-9449 Daytime Phone #

☐ Change

Addition