

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000060215**1. Entity Name
CCDC, INC.Principal Place of Business
3003 CLAIRE LANE
JACKSONVILLE FL 32223-6645Mailing Address
3003 CLAIRE LANE
JACKSONVILLE FL 32223-6645**FILED**
Oct 02, 2002 8:00 am
Secretary of State

09-12-2002 90066 022 ***550.00

43497

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3327989**

Applied For

Not Applicable

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

BYRD, VICTOR H
3003 CLAIRE LANE
JACKSONVILLE FL 32223-6645

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

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 \$550.00**
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State10. 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	<input type="checkbox"/> Delete
SP	BYRD, VICTOR H	8589 ROYAL LAKES DR.	JACKSONVILLE FL 32256	<input type="checkbox"/>
VPT	BYRD, RICHARD T	3003 CLAIRE LANE	JACKSONVILLE FL 32223	<input type="checkbox"/>
D	HARRIS, LYNNE B	7679 HOLLYRIDGE CIRCLE	JACKSONVILLE FL 32256	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
VP	BYRD, RICHARD T	3003 CLAIRE LN.	JAX FL 32223	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TREASURER	BOSWELL, CYNTHIA	3003 Claire Lane	JAX FL 32223	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

CR2E034 (4/02)

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 PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/9/02

Date

(904) 262-0330

Daytime Phone #