

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90226 011 \*\*\*150.00

**DOCUMENT # P96000035486**

1. Entity Name  
**FLORIDA C. D. ENTERPRISES, INC.**



Principal Place of Business

21 OLD KINGS RD. N.  
SUITE #B 214  
PALM COAST FL 32137  
US

Mailing Address

21 OLD KINGS RD. N.  
SUITE #B 214  
PALM COAST FL 32137  
US



2. Principal Place of Business

3. Mailing Address

**P.O. Box 352271**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**PALM COAST, FL.**

4. FEI Number

**59-3378141**

Applied For

Not Applicable

Zip

Country

Zip

Country

**32135**

**Flagler**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DIAS, CARLOS A**  
**5 BIRD OF PARADISE PLACE**  
**PALM COAST FL 32137**

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

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
P	DIAS, CARLOS A	5 BIRD OF PARADISE PLACE	PALM COAST FL 32137	<input type="checkbox"/> Delete	
VTS	DIAS MARIA ELENA	5 BIRD OF PARADISE PLACE	PALM COAST FL 32137	<input type="checkbox"/> Delete	
				<input type="checkbox"/> Delete	
				<input type="checkbox"/> Delete	
				<input type="checkbox"/> Delete	
				<input type="checkbox"/> Delete	

CR2E034 (10/02)

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, with all other like empowered.

SIGNATURE:

*Signature of Carlos A. Dias*  
**SIGNATURE REQUIRED**

**2/14/03**

**386-446-5812**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #