

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90048 042 ***158.75

DOCUMENT # P96000043567

1. Entity Name
C.C.I. INVESTMENTS, INC.

Principal Place of Business

~~4034 SOULE RD.~~
CLEARWATER FL 33759
US

Mailing Address

~~4034 SOULE RD.~~
CLEARWATER FL 33759
US

2. Principal Place of Business

2764 SUNSET POINT RD.

Suite, Apt. #, etc.

SUITE 200

3. Mailing Address

2764 SUNSET POINT RD.

Suite, Apt. #, etc.

SUITE 200

City & State
CLEARWATER FL

City & State
CLEARWATER FL

Zip
33759

Country
USA

Zip
33759

Country
USA

4. FEI Number 59-3380817

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TAYLOR, JAMES A III
SUITE 200
5070 N. HWY A1A
VERO BEACH FL 32963

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.

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 \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
 NAME **PSTD**
 STREET ADDRESS **BABCOCK, C I III**
 CITY-ST-ZIP ~~4034 SOULE RD.~~
CLEARWATER FL 33759

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **2764 SUNSET POINT RD. SUITE 200**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

01/16/2002

Date

Daytime Phone #

(727) 791-0600

CR2E034 (9/01)