

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2002 8:00 am
Secretary of State

01-27-2002 90005 013 ***150.00

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DOCUMENT # P96000103350

1. Entity Name

C D ENTERPRISES, INC. OF FT. LAUDERDALE

Principal Place of Business

**685 FOX CREEK COURT
FT. LAUDERDALE FL 33327**

Mailing Address

**685 FOX CREEK COURT
FT. LAUDERDALE FL 33327**

2. Principal Place of Business

9497 SE 124TH LOOP

3. Mailing Address

9497 SE 124TH LOOP

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

SUMMERFIELD FL

City & State

SUMMERFIELD FL

4. FEI Number

65-0722926

Applied For

Not Applicable

Zip

34491

Country

MARION

Zip

34491

Country

MARION

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BRUSH, JIM M
685 FOX CREEK COURT
FT. LAUDERDALE FL 33327**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

9497 SE 124TH LOOP

City

SUMMERFIELD

FL

Zip Code

34491

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 **D** ☐ Delete
NAME **BRUSH, LOUISE**
STREET ADDRESS **685 FOX CREEK COURT**
CITY-ST-ZIP **FT. LAUDERDALE FL 33327**

TITLE **PD** ☐ Delete
NAME **BRUSH, JIM M**
STREET ADDRESS **685 FOX CREEK CT**
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **9497 SE 124TH LOOP**
CITY-ST-ZIP **SUMMERFIELD, FL 34491**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **9497 SE 124TH LOOP**
CITY-ST-ZIP **SUMMERFIELD, FL 34491**

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

LOUISE BRUSH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/02 352-307-9843
Date Daytime Phone #

CR2E034 (9/01)