

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90015 001 ***158.75

DOCUMENT # P97000017266

1. Entity Name
CCO, INC.

Principal Place of Business
**4506 E DELPRADO BLVD S.
 CAPE CORAL FL 33904**

Mailing Address
**4506 E DELPRADO BLVD S.
 CAPE CORAL FL 33904**

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

65-0729860

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

**KOMRAY, MARK R
 12800 UNIVERSITY DRIVE
 #600
 FT MYERS FL 33907**

Name

Peter Doragh

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

4415 Metro Parkway

Suite 325

City

FT. MYERS

FL

Zip Code

33913

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)

2/22/02

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☒ FILE
 NAME **P** ☐ Delete
WHITCOMB, JON J
 STREET ADDRESS **312 SW 19TH STREET**
 CITY-ST-ZIP **CAPE CORAL FL 33991**

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

TITLE ☒ Delete
 NAME **V**
JODIN, MICHAEL E
 STREET ADDRESS **BAILY AVENUE**
 CITY-ST-ZIP **PLATTSBURG NY 12901** **DELETE**

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

TITLE ☐ Delete
 NAME **VST**
KEARNEY, PETER R
 STREET ADDRESS **5111 UNIT 1 ATLANTIC CT.**
 CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE ☒ Change ☐ Addition
 NAME **VST**
KEARNEY, PETER R
 STREET ADDRESS **1216 NW 17th STREET**
 CITY-ST-ZIP **CAPE CORAL FL 33993**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 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 lines empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jon J. Whitcomb

2-18-02

Date

941-945-7111

Daytime Phone #

CR2E034 (9/01)