2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State
03-29-2002 91426 036 ***150.00

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DOCUMENT # **P97000054749**

1. Entity Name
CPT ENTERPRISES, INC.

Principal Place of Business	Mailing Address
1474 W GRANADA BLVD SUITE 440-210 ORMOND BEACH FL 32174 US	P.O. BOX 2522 DAYTONA BEACH FL 32115

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	P.O. Box 730249
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Ormond Beach, FL
Zip / Country	Zip: 32173 / Country: USA

4. FEI Number 59-3477842 ☐ 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
THOMPSON, C. P 1474 W. GRANADA BLVD SUITE 440-210 ORMOND BEACH FL 32174	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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVPS THOMPSON, C P 1474 W GRANADA BLVD, SUITE 440-210 ORMOND BEACH FL 32174 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/01)

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: C.P. Thompson President — 3-18-02 — 386-615-1637
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #