

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000096810

1. Entity Name
C D E ASSOCIATES, INC.

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90044 029 ***150.00

Principal Place of Business

C/O DAVID CURTIS
4949 INTERNATIONAL DRIVE. FC5
ORLANDO FL 32819

Mailing Address

C/O DAVID CURTIS
4949 INTERNATIONAL DRIVE. FC5
ORLANDO FL 32819-9441

2. Principal Place of Business

500 Belz Outlet Blvd
Suite, Apt. #, etc.
Ste 515

3. Mailing Address

9219 Bay Point Dr
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
St Augustine FL

City & State
Orlando Florida

4. FEI Number 59-3482132

Applied For
Not Applicable

Zip Country
32095 St. Johns

Zip Country
32819 Orange

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

CURTIS, MICHAEL D
4949 INTERNATIONAL DR STE FC 5
ORLANDO FL 32801

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 _____ (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, 2000 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	P	<input type="checkbox"/> Delete
NAME	MICHAEL DAVID CURTIS	
STREET ADDRESS	6530 MOONSHILL CT	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ANTHONY DELUCIA	
STREET ADDRESS	9219 BAY POINT DR	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	S	<input type="checkbox"/> Delete
NAME	ARLENE DELUCIA	
STREET ADDRESS	9219 BAY POINT DR	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	T	<input type="checkbox"/> Delete
NAME	JENNIFER R CURTIS	
STREET ADDRESS	6530 MOONSHILL CT	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael David Curtis	
STREET ADDRESS	8224 Bronte Ct	
CITY-ST-ZIP	Orlando FL 32819	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Jennifer R Curtis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-00 407-2963644
Date Daytime Phone #

CR2E034 (9/99)