

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000096810

1. Entity Name

C D E ASSOCIATES, INC.

Principal Place of Business

500 BETZ OUTLET
STE 515
SAINT AUGUSTINE FL 32095

Mailing Address

9219 BAY POINT DR
ORLANDO FL 32819

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

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

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, 2001 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
NAME MICHAEL DAVID CURTIS
STREET ADDRESS 8224 BRONTE CT
CITY-ST-ZIP ORLANDO FL 32819 ☐ Delete

TITLE VP
NAME ANTHONY DELUCIA
STREET ADDRESS 9219 BAY POINT DR
CITY-ST-ZIP ORLANDO FL 32819 ☐ Delete

TITLE S
NAME ARLENE DELUCIA
STREET ADDRESS 9219 BAY POINT DR
CITY-ST-ZIP ORLANDO FL 32819 ☐ Delete

TITLE T
NAME JENNIFER R CURTIS
STREET ADDRESS 6530 MOONSHILL CT
CITY-ST-ZIP ORLANDO FL 32819 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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:

Arlene De Lucia ARLENE DE LUCIA

Sec.

4-24-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 07, 2001 8:00 am
Secretary of State

05-07-2001 90020 016 ***150.00

545551



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3482132

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CR2E034 (10/00)

0071684