## **FILED** Feb 05, 2003 8:00 am Secretary of State

02-05-2003 90143 009 \*\*\*150.00

## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR

P97000104318 **DOCUMENT #** 1. Entity Name



C.C.W. C	CORP.			-			
2100 CONST SUITE 107E SARASOTA F US		Mailing Address 2100 CONSTITUTION BLVI SUITE 107E SARASOTA FL 34231 US	)				
2. Principal	Place of Business	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HE	CHECK HERE IF MAKING CHANGES		
City & Sta	ate	City & State	·	4. FEI Number 65-07995	ux <del>⊢∠</del>	applied For lot Applicable	
Zip 	Country	Zip	Country	5. Certificate of Status Desire	¢0.75	ditional	
	<ol><li>Name and Address of Curren</li></ol>	t Registered Agent		7. Name and Address of Ne	•		
		and the second s	Name				
daspit, i	DIANE		Cture at A alat	1	DO Pau Nivela via Net A		
2100 CONSTITUTION BLVD			Street Add	ress (P.O. Box Number is Not Accepta	able)		
SARASO1	TA FL 34231						
		,	07				
			City		FL Zip Cod		
ine obliga	e named entity submits this statement f atlons of registered agent.	or the purpose of changing its	registered office or re	gistered agent, or both, in the State of	Florida. I am familiar with,	, and accept	
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE:	: Registered Agent signature r	equired when reinstating)	DATE	<del></del>	
' F	FILE NOW!!! FEE IS \$150.00						
Afte	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	of State	and the Home graphs of			00 May Be d to Fees	
Afte	er May 1, 2003 Fee will be \$550.00	of State	11.	Trust Fund Contribu	ution. LI Added	d to Fees	
Afte Make Chec	er May 1, 2003 Fee will be \$550.00 k Payable to Florida Department o	D DIRECTORS  Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP		ution. LI Added	d to Fees	
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12. 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 supplementar about 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 to stee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: