

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90223 040 \*\*\*150.00

**DOCUMENT # P98000047873**

1. Entity Name  
**CCI OF ORANGE PARK, INC.**



Principal Place of Business  
**1910 WELLS RD #C-5  
ORANGE PARK MALL  
ORANGE PARK FL 32073**

Mailing Address  
**2499 GLADES RD  
SUITE 106-B  
BOCA RATON FL 33431**

2. Principal Place of Business

3. Mailing Address

**7634 N.W 6th AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**BOCA RATON FL**

Zip

Country

**33487**

Country

**US**



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3514151**

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

**SIEGEL, NAT  
2499 GLADES ROAD, STE. 106  
BOCA RATON FL 33431**

Name

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

**7634 N.W 6th AVE**

City

**BOCA RATON**

FL

Zip Code

**33487**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **COSANTINO, JAMES A**  
STREET ADDRESS **4225 GENESSEE ST**  
CITY-ST-ZIP **CHEEKTOWAPA NY 14225**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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NAME  
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CITY-ST-ZIP

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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/14/03**

**561-893-0535**

Date

Daytime Phone #

CR2E034 (10/02)