

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000081410

1. Entity Name
C.E.D.B., INC.

FILED
Jul 19, 2000 8:00 am
Secretary of State

07-19-2000 90022 006 ***550.00

Principal Place of Business
124 BUTTONWOOD CIR
SEMINOLE FL 33777

Mailing Address
124 BUTTONWOOD CIR
SEMINOLE FL 33777



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

5067 SEMINOLE BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SEMINOLE, FL

City & State

Zip

33772

Country

FLORIDA

Country

4. FEI Number

59-3533715

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

SIMPSON, RONALD R
12586 SEMINOLE BLVD
LARGO FL 33778

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 D
NAME HENDRICKSON, CAROLYN L
STREET ADDRESS 124 BUTTONWOOD CIR
CITY-ST-ZIP SEMINOLE FL 33777 ☐ Delete

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

TITLE D
NAME GRIMES, EDWARD
STREET ADDRESS 124 BUTTONWOOD CIR
CITY-ST-ZIP SEMINOLE FL 33777 ☐ Delete

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
NAME
STREET ADDRESS
CITY-ST-ZIP

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
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Carolyn L Hendrickson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CAROLYN L HENDRICKSON

7-12-00 787-399-1122
Date Daytime Phone #

CR2E034 (5/00)