

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2002 8:00 am
Secretary of State

03-04-2002 90004 004 ***150.00

DOCUMENT # P98000085756
 1. Entity Name
CCL INVESTMENTS, INC.

Principal Place of Business 2109 PALM AVE.. SUITE 202-203 TAMPA FL 33605	Mailing Address 2109 PALM AVE.. SUITE 202 203 TAMPA FL 33605
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0868989	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

LEVY, BUDDY J
7439 E. HILLSBOROUGH AVE.
TAMPA FL 33610

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
2109 Palm Ave. Suite 203
 City **TAMPA** FL Zip Code **33605**

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, 2002 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 <input type="checkbox"/> Delete NAME CLARE, RALPH C STREET ADDRESS 7439 E. HILLSBOROUGH AVE. CITY-ST-ZIP TAMPA FL 33610	
TITLE <input checked="" type="checkbox"/> Delete NAME LEVY, BUDDY J STREET ADDRESS 7439 E. HILLSBOROUGH AVE. CITY-ST-ZIP TAMPA FL 33610	
TITLE <input type="checkbox"/> Delete NAME CLARE, JIM R STREET ADDRESS 7439 E. HILLSBOROUGH AVE. CITY-ST-ZIP TAMPA FL 33610	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	
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 <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 2109 Palm Ave. Suite 203 CITY-ST-ZIP TAMPA, FL 33605	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 2109 Palm Ave. Suite 203 CITY-ST-ZIP TAMPA, FL 33605	
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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: *Buddy J Levy*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1/21/02 Daytime Phone # 813-241-6441

CR2E034 (9/01)