

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000090741

1. Entity Name

C D WIZARD CORP.

**FILED**  
**Mar 30, 2000 8:00 am**  
**Secretary of State**

03-30-2000 90014 009 \*\*\*150.00

Principal Place of Business

Mailing Address

2120 W HWY 520  
COCOA FL 32926

PO BOX 244  
MARLTON NJ 08053-0244

2. Principal Place of Business

3. Mailing Address

254 E. EAU GALIE BLVD 469 SHERIDAN AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

INDIAN HARBOUR BEACH FL SATELLITE BEACH FL

Zip

Country

Zip

Country

32937 U.S.

32937 U.S.

4. FEI Number

59-3537880

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

LONG, JORY L  
469 SHERIDAN AVE  
SATELLITE BEACH FL 32937

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME PD  
STREET ADDRESS LONG, JORY L  
CITY-ST-ZIP 469 SHERIDAN AVE  
SATELLITE BEACH FL 32937

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

TITLE ☐ Delete  
NAME VT  
STREET ADDRESS LONG, MARY E T  
CITY-ST-ZIP 469 SHERIDAN AVE  
SATELLITE BEACH FL 32937

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

TITLE ☒ Delete  
NAME T  
STREET ADDRESS PETERSON, KENNETH J  
CITY-ST-ZIP 149 GRACE AVE  
COCOA FL 32924

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

TITLE ☒ Delete  
NAME S  
STREET ADDRESS CORL, DAVE  
CITY-ST-ZIP 1194 BAY DR E  
INDIAN HARBOUR BEACH FL 32937

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME T  
STREET ADDRESS LUNDEN, CHRISTOPHER  
CITY-ST-ZIP 318 HAVERFORD LN NE  
PALM BAY FL 32907

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME S  
STREET ADDRESS FRENCH, JENNIFER  
CITY-ST-ZIP 2565 3RD AVE NE  
PALM BAY, FL 32905

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-00

Date

321-779-1100

Daytime Phone #

CR2E034 (9/99)