

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2002 8:00 am**  
**Secretary of State**

03-06-2002 90035 011 \*\*\*150.00

0120678 AV

**DOCUMENT # P98000090741**

1. Entity Name

**C D WIZARD CORP.**

Principal Place of Business

Mailing Address

**254 E EAU GALLIE BLVD  
 INDIAN HARBOUR FL 32937**

**254 E EAU GALLIE BLVD  
 INDIAN HARBOUR FL 32937**

**507090**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3537880**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

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 **JAMES J. PETERSON**

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

**2110 S PATRICK DR.**

City **INDIAN HARBOUR BEACH**

**FL**

Zip Code **32937**

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

*James J. Peterson*

**2/20/02**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Delete  
 NAME **PD PETERSON, JAMES J**  
 STREET ADDRESS **2110 S PATRICK DR**  
 CITY-ST-ZIP **INDIAN HARBOUR BEACH FL 32937**

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

TITLE ☒ Delete  
 NAME **T LUNDEN, CHRISTOPHER**  
 STREET ADDRESS **891 PYRACANTHA ST NW**  
 CITY-ST-ZIP **PALM BAY FL 32907**

TITLE ☒ Change ☐ Addition  
 NAME **S/T MARY ELLEN T. LONG**  
 STREET ADDRESS **469 SHERIDAN AVE**  
 CITY-ST-ZIP **SATELLITE BEACH FL 32937**

TITLE ☒ Delete  
 NAME **S PUNKS, CHRISTOPHER**  
 STREET ADDRESS **7700 GREENBORO DR #8**  
 CITY-ST-ZIP **W MELBOURNE FL 32904**

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

TITLE ☒ Delete  
 NAME **M PETERSON, DONALD A**  
 STREET ADDRESS **3062 JACOBÆUS LANE**  
 CITY-ST-ZIP **INDIALANTIC FL 32903**

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:

*James J. Peterson*  
**JAMES J. PETERSON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/20/02**

Date

**321-779-1100**

Daytime Phone #

CR2E034 (9/01)