

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90248 041 ***150.00

DOCUMENT # P99000032665

1. Entity Name
CCM ADVISORS, INC.

Principal Place of Business 1075 W. Morse Blvd. Winter Park, FL 32789	Mailing Address 1075 W. Morse Blvd. Winter Park, FL 32789
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2. Principal Place of Business 2411 Carolina Avenue Suite, Apt. #, etc.	3. Mailing Address 2411 Carolina Avenue Suite, Apt. #, etc.
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City & State Tampa, Florida	City & State Tampa, Florida	4. FEI Number 59-3571009	Applied For <input type="checkbox"/> Not Applicable
Zip 33629	Country U.S.	Zip 33629	Country U.S.

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 Coley, Richard T.
 1075 W. Morse Blvd.
 Winter Park, FL 32789

7. Name and Address of New Registered Agent
 Name
 Coley, Richard T.
 Street Address (P.O. Box Number is Not Acceptable)
 2411 Carolina Avenue
 City
 Tampa, FL Zip Code
 33629

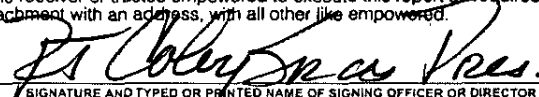
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
 SIGNATURE  DATE 4/24/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete Coley, Richard T. 1075 W. Morse Blvd. Winter Park, FL 32789	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Coley, Richard T. 2411 Carolina Avenue Tampa, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE 4/24/01 DAYTIME PHONE # 813-250-1760
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)