

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90044 050 ***150.00

DOCUMENT # P99000069942

1. Entity Name
C.E.T. OF MELBOURNE, INC.

Principal Place of Business Mailing Address
404 NORTH MIRAMAR **404 NORTH MIRAMAR**
INDIALANTIC FL 32903 **INDIALANTIC FL 32903**

2. Principal Place of Business 3. Mailing Address
1111 River Rd **1111 River Rd**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Melbourne Beach FL **Melbourne Beach FL**
 Zip Country Zip Country
32951 **USA** **32951** **USA**

4. FEI Number Applied For
59-3591030 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
FOGG REALTY COMPANY, INC.
404 NORTH MIRAMAR
INDIALANTIC FL 32903

7. Name and Address of New Registered Agent
 Name **Charles A. Baird**
 Street Address (P.O. Box Number is Not Acceptable) **1111 River Rd**
 City **Melbourne Beach FL 32951**

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 **C. A. Baird** **President/Owner** **1/24/01**
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, 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

TITLE	D <input type="checkbox"/> Delete
NAME	BAIRD, CHARLES A
STREET ADDRESS	1111 RIVER ROAD
CITY-ST-ZIP	MELBOURNE BEACH FL 32951
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	DAVIDS, TIMOTHY J
STREET ADDRESS	505 RIVER COVE PLACE
CITY-ST-ZIP	INDIALANTIC FL 32903
TITLE	D <input type="checkbox"/> Delete
NAME	TUCKER, EDWARD S
STREET ADDRESS	587 YOUNG STREET
CITY-ST-ZIP	MELBOURNE FL 32935
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	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carol Davids
STREET ADDRESS	505 RIVER COVE PLACE
CITY-ST-ZIP	INDIALANTIC FL 32903
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	
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: **C. A. Baird** **1/24/01** **321-724-6118**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

UBR107

CR2E034 (10/00)