

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91837 029 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000095487

1. Entity Name
CC3 EQUITY CORPORATION



Principal Place of Business
**GARDENS CORPORATE CENTER
3801 PGA BOULEVARD, STE. 555
PALM BEACH GARDENS, FL 33410**

Mailing Address
**GARDENS CORPORATE CENTER
3801 PGA BOULEVARD, STE. 555
PALM BEACH GARDENS, FL 33410**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
Suite 600

Suite, Apt. #, etc.
Suite 600

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
65-0959410

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

**REGSERV CORP.
GARDENS CORPORATE CENTER
3801 PGA BOULEVARD, SUITE 600
PALM BEACH GARDENS, FL 33410**

Name

Street Address (P.O. Box Number is Not Acceptable)
3801 PGA Blvd., Suite 600

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO RENDINA, BRUCE A 3801 PGA BOULEVARD, SUITE 555 PALM BEACH GARDENS, FL 33410	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS DISALVO, PATRICK J 3801 PGA BOULEVARD, SUITE 555 PALM BEACH GARDENS, FL 33410	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS JURAN, LAWRENCE B 3801 PGA BOULEVARD, SUITE 555 PALM BEACH GARDENS, FL 33410	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, CEO, P Bruce A. Rendina 3801 PGA Boulevard, Suite 600 Palm Beach Gardens, FL 33410	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3801 PGA Boulevard, Suite 600 Palm Beach Gardens, FL 33410	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3801 PGA Boulevard, Suite 600 Palm Beach Gardens, FL 33410	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 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

**Patrick J. DiSalvo
Vice President**

4/1/03
Date

(561) 6305055
Daytime Phone #

CR2ED34 (10/02)

attachment

70056930

pp9000008487

CHECK CASH REQUEST FORM

When requesting a check please complete this form and have it approved by an officer of the Company.

DATE: April 2, 2003

Name and Address of Payee: **FLORIDA DEPARTMENT OF STATE**

Amount of Check: **\$150.00**

Date Needed: **April 15, 2003**

Purpose of Check: **Filing fees for annual reports**

To be charged to: **CC3 ACQUISITION CORPORATION**

Submitted by: **Cathy Scott**

Further Instructions: **Return checks to Anne Sprague**

Approved By:

Cathy Scott