

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90118 048 ***150.00

FS01227 ED

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1. Entity Name
CCW ACQUISITION CO.



Principal Place of Business
1470-1472 GOLDEN GATE PARKWAY
NAPLES FL 34105

Mailing Address
1470-1472 GOLDEN GATE PARKWAY
NAPLES FL 34105

90003352



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **36-4332647**
Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

SKIZAS, ALEX
26131 HICKORY BLVD.MS.W.
BONITA SPRINGS FL 33923

7. Name and Address of New Registered Agent

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

SIGNATURE _____ DATE _____
*Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	PTD	<input type="checkbox"/> Delete
NAME	SKIZAS, ALEX	
STREET ADDRESS	26131 HICKORY BLVD	
CITY-ST-ZIP	BONITA SPRINGS FL 33923	
TITLE	VPSD	<input type="checkbox"/> Delete
NAME	SKIZAS, EVELYN	
STREET ADDRESS	26131 HICKORY BLVD	
CITY-ST-ZIP	BONITA SPRINGS FL 33923	
TITLE	V	<input type="checkbox"/> Delete
NAME	SKIZAS, RICK	
STREET ADDRESS	317 SPIDER LILY LANE	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE	V	<input type="checkbox"/> Delete
NAME	SKIZAS, BEVERLY	
STREET ADDRESS	317 SPIDER LILY LANE	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE	V	<input type="checkbox"/> Delete
NAME	SKIZAS, KEN	
STREET ADDRESS	2218 STACIL CIRCLE	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE	V	<input type="checkbox"/> Delete
NAME	SKIZAS, RACHEL	
STREET ADDRESS	2218 STACIL CIRCLE	
CITY-ST-ZIP	NAPLES FL 34119	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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	

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: *Ken Skizas* **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-03 (239) 434-2255
Date Daytime Phone #

CR2E034 (10/02)