

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

FILED
Aug 22, 2003 8:00 am
Secretary of State

08-22-2003 90105 025 ***158.75

DOCUMENT # S36292

1. Entity Name

CCU Services, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5001 S. University Dr.

3. Mailing Address

P.O. Box 291363

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Davie, FL

City & State

Davie, FL

4. FEI Number

65-0240307

Applied For

Not Applicable

Zip

33328

Country

Broward

Zip

33329

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Walker, Christopher D.

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

5001 S. University Dr. #E

P.O. Box 291363

City

Davie

FL

Zip Code

33329

**DO NOT WRITE
IN THIS SPACE**

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP

President
Walker, Christopher D.
5001 S. University Dr. Suite E.
Davie, FL 33329

TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)



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536292

P.O. Box 291363 • Fort Lauderdale, Florida 33329

August 04, 2003

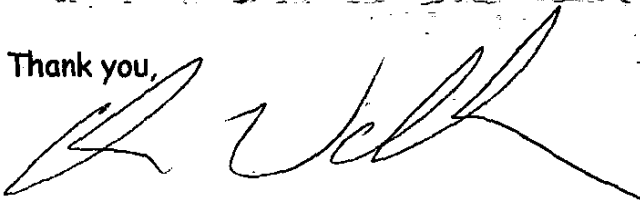
Florida Department of State
Division Of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

I am writing due to the fact that I have not received my Uniform Business Report as of the date listed above. I have contacted your office in regards to this matter and was told to write this letter and send in payment.

If you have any questions feel free to call my office at number listed below.

Thank you,



Christopher Walker
President