

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S47746

1. Entity Name

CES INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

5905 JOHNS RD
TAMPA FL 33634
US

5905 JOHN ROAD
TAMPA FL 33634
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3075195

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

BRUNETTE, THOMAS D
906 SYMPHONY BEACH LN
APOLLO BEACH FL 33572

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-stating)

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
NAME BRUNETTE, THOMAS D
STREET ADDRESS 906 SYMPHONY BEACH LANE
CITY-ST-ZIP APOLLO BEACH FL 33572 ☐ Delete

TITLE D
NAME REID, DAVID W.
STREET ADDRESS 5905 JOHNS RD
CITY-ST-ZIP TAMPA FL ☐ Delete

TITLE CFO
NAME BRUNETTE, ALFRED JR
STREET ADDRESS 29521 ALLEGRO DRIVE
CITY-ST-ZIP WESLEY CHAPEL FL 33543-6725 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE CFO
NAME TOB S. TRICKER
STREET ADDRESS 5905 JOHNS ROAD
CITY-ST-ZIP TAMPA, FL 33634 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

TOB S. TRICKER, CFO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01

Date

813-249-3399

Daytime Phone #

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90047 007 ***158.75

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DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)