

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# S77130

FILED
Mar 18, 2002 8:00 AM
Secretary of State

Entity Name: CENTRAL CAD, INC.

Current Principal Place of Business:

POB 492810
LEESBURG, FL 347492810

New Principal Place of Business:

Current Mailing Address:

POB 492810
LEESBURG, FL 347492810

New Mailing Address:

FEI Number: 59-3083478

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAUTHEN, DAVID E.
131 WEST MAIN ST.
STE 701
TAVARES, FL 347492160 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: TUCKER, B. MURRAY JR.,
Address: 6913 SUNNYSIDE DRVIE
City-St-Zip: LEESBURG, FL 34748

Title: D () Delete
Name: TUCKER, CHARLES B.,
Address: ROUTE 6, BOX 388
City-St-Zip: LEESBURG, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: B. MURRAY TUCKER JR.

PRES

03/18/2002

Electronic Signature of Signing Officer or Director

Date