

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 12, 2000 8:00 am**  
**Secretary of State**

01-12-2000 90058 022 \*\*\*150.00

**DOCUMENT # V47582**

1. Entity Name  
**CTB ENTERPRISES, INC.**

Principal Place of Business	Mailing Address
<del>SAN JOSE BLVD</del> <b>2526 Crooked Creek Pt</b> <del>JACKSONVILLE FL 32257</del> <b>MIDDLEBURG, FL 32068</b>	<del>10601 SAN JOSE BLVD</del> <b>2526 Crooked Cree</b> <del>JACKSONVILLE FL 32068-5700</del> <b>Middleburg, FL</b>



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>2526 Crooked Creek Point</b> Suite, Apt. #, etc. <b>MIDDLEBURG</b> City & State <b>FLORIDA</b>	3. Mailing Address <b>2526 Crooked Creek Point</b> Suite, Apt. #, etc. <b>MIDDLEBURG</b> City & State <b>FLORIDA</b>
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Zip <b>32068</b>	Country <b>USA</b>	Zip <b>32068</b>	Country <b>USA</b>
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4. FEI Number <b>59-3130764</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent

**ALLEN, GLENN K.**  
**353 E. FORSYTH STREET**  
**JACKSONVILLE FL 32202**

Name		
Street Address (P.O. Box Number is Not Acceptable)		
City	<b>FL</b>	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>BAUGHMAN, CHARLES T.</b> <b>193 LINKSIDE CR. 2526 Crooked Creek Point</b> <b>PONTE VEDRA BCH. FL MIDDLEBURG, FL 32068</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete <b>DV</b> <b>WARE, DONALD S., JR.</b> <b>10601 SAN JOSE BLVD #213</b> <b>JACKSONVILLE FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>VP + SECRETARY</b> <b>KIM ANN BAUGHMAN</b> <b>2526 Crooked Creek Point</b> <b>MIDDLEBURG, FL 32068</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete <b>V</b> <b>CHAPPELL, KAREN</b> <b>10601 SAN JOSE BLVD.</b> <b>JACKSONVILLE FL</b>	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"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Charles T. Baughman      Date: 1/5/2000      Daytime Phone #: 904-282-3980

COPY PROCESSED