

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90155 045 ***150.00

DOCUMENT # V49919

1. Entity Name
C.P.E., INC.



Principal Place of Business
28 EAST WASHINGTON ST.
ORLANDO FL 32801
US

Mailing Address
P O BOX 3388
ORLANDO FL 32802-3388
US

2. Principal Place of Business
2250 Avenida del Vera
Suite, Apt. #, etc.

3. Mailing Address
2250 Avenida del Vera
Suite, Apt. #, etc.

City & State
N. Ft. Myers FL 33917

City & State
N. Ft. Myers, FL

4. FEI Number
59-3181121

Applied For
Not Applicable

Zip
33917

Country
USA

Zip
33917

Country
USA

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

6. Name and Address of Current Registered Agent

~~CALLAHAN, W. SCOTT~~
37 NORTH ORANGE AVENUE, SUITE 200
ORLANDO FL 32801

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
CLARK, FRED D
2250 AVENIDA DEL VERA
NORTH FT MYERS FL 33917 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
ROSEN, MICHAEL E
550 MAMARONECK AVE
HARRISON NY 10528 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
Douglas Cordello
2250 Avenida Del Vera
North Ft Myers FL 33917 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

11. 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

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☐ Change ☐ Addition

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:

Douglas Cordello
Douglas Cordello, President

1/17/03

Date

239-731-4505

Daytime Phone #

CR2E034 (10/02)