

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90110 016 ***150.00

DOCUMENT # 257643

1. Entity Name
C.C. WINNINGHAM CORPORATION



Principal Place of Business
**1040 N E 45 ST
FORT LAUDERDALE FL 33334-3812**

Mailing Address
**1040 N E 45 ST
FORT LAUDERDALE FL 33334-3812**

2. Principal Place of Business
111 NE 44 STREET

3. Mailing Address
111 NE 44 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
OAKLAND PARK FL

City & State
OAKLAND PARK FL

4. FEI Number **59-0967571**

Applied For
Not Applicable

Zip **33334** Country **BRUNARD**

Zip **33334** Country **BRUNARD**

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

6. Name and Address of Current Registered Agent

**WINNINGHAM II, CHARLIE
4400 N.E. 23RD AVENUE
FORT LAUDERDALE FL**

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	DP WINNINGHAM II, CHARLIE 4400 N E 23RD AVENUE FORT LAUDERDALE, FL00000	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WINNINGHAM, ROSE MARIE S 4400 N E 23RD AVENUE FORT LAUDERDALE, FL00000	☐ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Handwritten Signature] **954-771-7440**

Date

Daytime Phone #

CR2E034 (10/02)