

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2001 8:00 am
Secretary of State

03-13-2001 90309 009 ***150.00

DOCUMENT # 303109

1. Entity Name

C & C ENVIRO, INC.

Principal Place of Business

Mailing Address

7 SUKOSHI LANE
 ISLAMORADA FL 33036
 US

7 SUKOSHI LANE
 ISLAMORADA FL 33036
 US

2. Principal Place of Business

5915 CHERRY RD
 Suite, Apt. #, etc.

3. Mailing Address

5915 CHERRY RD
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

SEBRING FL

City & State

SEBRING FL

4. FEI Number

59-1141157

Applied For

Not Applicable

Zip

33875

Country

HIGHLANDS

Zip

33875

Country

HIGHLANDS

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CARPER, LARRY B.
 7 SUKOSHI LANE
 ISLAMORADA FL 33036

7. Name and Address of New Registered Agent

Name **LARRY L. CARPER**

Street Address (P.O. Box Number is Not Acceptable)

5915 CHERRY RD

City **SEBRING**

FL **33875**

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

Larry L. Carper VP/Owner

(NOTE: Registered Agent signature required when reinstating)

DATE **3-12-01**

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	PT	<input checked="" type="checkbox"/> Delete
NAME	CARPER, LARRY B.	
STREET ADDRESS	7 SUKOSHI LANE	
CITY-ST-ZIP	ISLAMORADA FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	CARPER, ARLENE	
STREET ADDRESS	7 SUKOSHI LANE	
CITY-ST-ZIP	ISLAMORADA FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	CARPER, LARRY L	
STREET ADDRESS	51 CORAL DR.	
CITY-ST-ZIP	KEY LARGO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARRY L. CARPER	
STREET ADDRESS	5915 CHERRY RD.	
CITY-ST-ZIP	SEBRING FL 33875	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Larry L. Carper VP/S

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **3-12-01** DAYTIME PHONE # **863-314-0777**

Date

Daytime Phone #

CR2E034 (10/00)