2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2000 8:00 am
Secretary of State
01-29-2000 90127 005 ***150.00

DOCUMENT # P93000051166

1. Entity Name
C & N RENOVATION, INC.

Principal Place of Business	Mailing Address
1441 WALDEN OAKS PLACE PLANT CITY FL 33566	1441 WALDEN OAKS PLACE PLANT CITY FL 33566-6875

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
9029 COPELAND RD	9029 COPELAND RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMPA FL	City & State: TAMPA FL
Zip: 33637 Country: USA	Zip: 33637 Country: USA

4. FEI Number 59-3191195 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

NORTHROP, ROB
1441 WALDEN OAKS PLACE
PLANT CITY FL 33566

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) 9029 COPELAND RD.

City TAMPA FL Zip Code 33637

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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (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) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	NORTHROP, ROB		NAME		
STREET ADDRESS	1441 WALDEN OAKS PL		STREET ADDRESS	9029 COPELAND RD	
CITY-ST-ZIP	PLANT CITY FL 33566		CITY-ST-ZIP	TAMPA FL 33637	
TITLE	V	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	CALDWELL, DANNY		NAME		
STREET ADDRESS	1441 WALDEN OAKS DL		STREET ADDRESS	9029 COPELAND RD	
CITY-ST-ZIP	PLANT CITY FL		CITY-ST-ZIP	TAMPA FL 33637	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Rob Northrop REQUIRED 1-24-00 (813) 899-0199
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #